

Gaston County

Gaston County
Board of Commissioners
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DHHS - Public Health Division Board Action

File #: 16-632

Commissioner Brown - DHHS (Health Division) - To Accept and Appropriate Funds from the Area Health Education Center for the Public Health Clinics (No County Funds - \$2,175)

STAFF CONTACT

Dr. Velma Taormina - Medical Director - DHHS - Public Health Division - 704-853-5290

BUDGET IMPACT

Appropriate 100% Preceptor Funds. No County Funds.

BUDGET ORDINANCE IMPACT

Increase Preceptorship Funds revenue by \$2,175 and appropriate \$2,175 into Special Programs account.

BACKGROUND

The Gaston County Department of Health and Human Services - Public Health Division was awarded preceptor funds from the Area Health Education Center for preceptor work. A preceptor is a clinical provider such as a nurse, midwife, or physician assistant who teaches, supports, coaches, and mentors graduate health science students from various universities concerning their fields of expertise. The Public Health Department provided clinical preceptors for North Carolina graduate health science students. The Preceptor Program provides funds for the time that the student spent with each provider. These funds will be used for the Public Health clinic staff medical training opportunities and educational supplies. These are non-County funds.

POLICY IMPACT

N/A

ATTACHMENTS

Laserfiche Users

Budget Change Request

DO NOT TYPE BELOW THIS LINE I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is taken by the Board of Commissioners as follows: NO. DATE M1 M2 Brown Fraley Grant Hovis Keigher Vote 2017-010 01/24/2017 TK RW AB AB Α **DISTRIBUTION:**

	GAS	FON COUNTY BUDG	GET CHAN	GE REQUEST	
TO: Earl Ma		ers	COUNTY MANAGER		
FROM: _	5100 Dept. #	DHHS - Public Health Department Name	1		
Ī	Department Directo	r's Signature D	Pate		
PE OF REQUES	ST:				
Line Item T	ransfer Within Departm	ent & Fund	Li	ne Item Transfer Between	Funds *
Project Tra	nsfer Within Departmen	t & Fund	X	dditional Appropriation of I	Funds *
Line Item T	ransfer Between Depar	tments*	<u>*</u> F	Requires resolution by the E	Board of Commissioners
			Resolutio	n# [Date
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ACCOUNT DESCRIPTION		Fund - Dept - Subdept - Div - Acct - Subacct		SUBPROJECT	Whole Dollars Only
(As it appears in the budget)		xx - xxxx - xxxx - xxxx	xx - xxxx - xxxx - xxxx - xxx		(See Note Below)
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APPROVAL SIGN	NATURES:				
County Manager/In	terim Assistant County	Manager Date	Financial Operat	ions Manager/Asst. Financ	ial Operations Mgr. Date
			Interim Budget A	dministrator	Date
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