



Patient Family Advisory Council

Application

Instructions: If you are interested in joining our PFAC, please complete this application and return to the email or address noted at the bottom of the page.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Mobile Phone: _____ Other Phone: _____

Email Address: _____

Are you a Salem Clinic patient? If no, please explain. _____

Approximate number of years you have attended appointments at Salem Clinic? _____

Occupation: _____

Availability to attend meetings (Please check as many as apply):

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays
Early Morning					
Lunch Hour					
Early Evening					

Notes regarding availability: _____

Issues of special interest to you: _____

What are 2-3 quality issues you would like to see addressed at the first meeting: _____

Have you previously served on a patient family advisory council, or similar? If yes, please provide details: _____

Have you done any public speaking or teaching? If yes, please provide details: _____

Signature

Printed Name

Date

Please return via email to erickakingsbury@salemclinic.org or mail to 2020 Capitol Street NE, Salem, OR 97301. Thank you.