

Application form for Patient and Family Partnership Advisor

Please return the completed form to the MACH Information Desk or email

to: dha.moore.martin-ach.mbx.mach-pfp-council@health.mil

Date: _____

Name: *(Please Print)* _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we call you at work? Yes No

E-mail Address: _____

Preferred method of contact: Home Cell Work

Please indicate your status (check all that apply):

- Active Duty Active Family Member Tricare Plus
- Retiree Retiree Family Member Active Duty (TRADOC Cadre)

How did you hear about the Patient and Family Advisor Position?

- Family/Friend Website Facebook Newsletter Other _____

I understand that:

- I am a DOD ID card holder
- There are limited number of spots and I may not be selected
- If selected, I will be required to submit a separate application to the Red Cross (this program is in partnership with the Red Cross and all required training for the Red Cross must be completed prior to my participation)

- Children are not permitted to attend meeting due to safety regulations and potential disclosure of personal identifiable information
- I will serve as a member of the MACH Patient and Family Partnership Council for a period of 1 year, then continuation may be requested as needed.
- I am not a MACH staff member
- No preferential treatment will be given to me at MACH or any clinics on Fort Moore due to my seat the on the council

Active Duty Applicants:

- I am SSG or above

CDR/ISG Endorsement Required:

Print

Sign

Please tell us about yourself.

Why would you like to serve as a Patient and Family Advisor for Benning's Martin Army Community Hospital?

What areas of concern or suggestions for improvement do you have that you would like to see the Patient and Family Partnership Council address?

If you have served as a council member, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe the experience below:

Signature

Date

Thank you for your interest. Please return completed forms to the MACH Information Desk or the email below. Please submit any questions or concern to:

dha.moore.martin-ach.mbx.mach-pfp-council@health.mil

***** The PFPC Council Co-Chair position is open to any patient who is not an MTF staff member. The following attributes and experience are preferred:**

- Demonstrated work with diverse populations
 - Experience in partnership and collaboration on solutions
 - Familiar with healthcare service and facility standards
 - Practiced in process improvement and change management.
- Considering the above attributes, I feel I am a viable candidate for the Co-Chair position and have included my resume with my application.