



Application for consideration as a candidate for the Patient Family Advisory Council

Full Name: _____ Date of Application: _____

Address: _____

Phone: _____

E-mail address: _____

Thank you for taking the time to complete this application for the St. Joseph Health System (SJHS) Patient Family Advisory Council (PFAC). Please provide brief, descriptive answers to the following questions.

1. What are some of the specific things that health care professionals at SJHS do/have done to help you or your family? The health care professional can be a nurse, a physician's assistant, a doctor or someone at the front desk.

2. What are some of the things you would like SJHS to do differently to better help patients and their families?

3. Are there certain topics or areas of the clinic in which you have a special interest?

4. Why are you interested in joining the Patient and Family Advisory Council?



5. Please outline one activity that you participated in as a team member—such as a sport, community event or work-related activity—and how you view your contribution to achieve effective teamwork.

6. What positive improvements to patient care would you like to see as a result of your participation in the Patient and Family Advisory Council?

7. Is there anything else that you would like to add?

If you are selected to be a participant, can you commit to (circle all that apply):

- One in person meeting a month
 - AM
 - PM
 - 1 Hour
 - 1 ½ Hours
 - 2 Hours

- Electronic participation
 - Emails
 - Surveys

Please mail completed application to:

St. Joseph Health System
ATTN: CHI SMEDLEY
200 Hemlock, PO Box 659
Tawas City, MI 48763