UC San Diego Health

Patient and Family Advisory Council (PAFAC) Application Form

UC San Diego Women and Infants Patient and Family Advisory Council Purpose:
Committed to ensuring that patient and family perspectives are heard, and acted upon, to improve the safety, quality and overall experience for patients and their families.

Applicant’s Name: ___________________ Phone: ___________________ Email: _______________

1. I am a: □ Patient for ____ years  □ Other for ____ years

2. I have had experience with the following departments:
   □ Obstetrics & Gynecology
   □ Maternal Fetal Medicine
      (High-risk pregnancy)
   □ Reproductive Endocrinology & Fertility
   □ Gynecology Oncology
   □ Midwifery/Birth Center
   □ Uro-Gynecology
   □ Maternal Mental Health
   □ Jacobs Hospital
   □ Hillcrest Hospital
   □ NICU
   □ Outpatient Clinics
   □ Other _______________________

3. Why do you want to serve on the PAFAC?

4. Please provide a short summary of your experiences with UC San Diego Health that you believe would uniquely qualify you to serve on the advisory council.

5. Please summarize or list any prior experience you have had in community service efforts, committee participation, board experience, or volunteer efforts.

6. How do you believe a team can best come together to solve a problem?
7. Please describe your skills or experiences that you believe would enhance the PAFAC.

8. Please describe what gives you inspiration and how you will use that inspiration on the PAFAC.

9. How would you like to participate in the PAFAC (check all that apply):
   - ☐ In Person
   - ☐ Telephone
   - ☐ Electronically/Email
   - ☐ Paper/Mail
   - ☐ Video Conference
   - ☐ Text
   - ☐ Other: ____________________________

10. Can you commit to attending 10 meetings a year?
    - ☐ Yes    ☐ No

11. Would you be available for additional activities or time commitments?
    - ☐ Yes    ☐ No    ☐ Maybe

12. Briefly describe any ideas or changes you would like to see take place at UC San Diego Health for Women and Infants Services.

13. Please describe a positive experience you have had that stands out for you at UC San Diego Health.

For more information, contact us at:
   858-249-0973
   WAIPAFAC@health.ucsd.edu

Please send completed application to (all applications will be considered regardless of completion):
   WAIPAFAC@health.ucsd.edu
   Or
   9300 Campus Point Dr., MC 7433
   La Jolla, CA 92037