

**Patient and Family Partnership Council for Quality & Safety® (PFPCQS®)
Application**

Please tell us about your experience at UF Health Jacksonville.

1. Have you ever been hospitalized at UF Health Jacksonville for more than 24 hours? Yes No

If your answer is YES, how long was your longest hospitalization? _____

2. Have you ever been a care-giver for a patient who was hospitalized at UF Health Jacksonville for more than 24 hours? Yes No

If your answer is YES, how long was the longest hospital stay of the person you were caring for?

3. How many times have you or a person you take care of been hospitalized at UF Health Jacksonville in the last three years? _____

4. How would you describe your hospital experience at UF Health Jacksonville?

5. What did the hospital do well during your stay or your loved one's stay?

6. What could the hospital have done better during your stay or your loved one's stay?

7. What would you like the hospital to learn from your stay or your loved one's stay?

If you have more to say, please feel free to use additional pages.

Please tell us more about you

1. Please tell us your name and the best ways to reach you?

Name: _____

Address: _____

Email: _____ Phone: _____ Mobile: _____

2. Do you volunteer in your community? If so, for which organizations?

3. Do you feel comfortable working in groups, speaking up and providing input?

4. Is English the language you primarily use when communicating?

Yes No

If your answer is no, what is your primary language? _____

5. Are you able to attend meetings weekday evenings?

Yes No

6. Do you have a preferred meeting location? (If so, please check)

UF Health Jacksonville (8th Street) UF Health North (River City Marketplace)

7. Are you willing to take the necessary immunizations to serve on the Patient Family Advisory Council?

Yes No

8. Are you willing to sign an agreement promising not to disclose confidential information given to you in your role as a member of the Patient Family Advisory Council?

Yes No

9. Are you willing to undergo a background check?

Yes No

10. Please check the number of terms you would like to apply for:

1 year 2 years

Thank you!