



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

Please tell us about yourself and your experience at UF Health Jacksonville.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Cell: _____

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 caregiver 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?



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

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

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

Yes No

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

11. Are you able to attend meetings on Thursday evenings at UF Health Jacksonville downtown campus (8th Street)?

Yes No

12. Are you willing to take the necessary immunizations to serve on the Council?

Yes No

13. 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 Partnership Council for Quality & Safety?

Yes No

14. Are you willing to undergo a background check?

Yes No

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

1 year 2 years

Thank you for your interest! For more information or assistance, please call (904)244-3483.

Please submit your application via mail or email to:

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580 W. 8th Street
Jacksonville, FL 32209

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