

**Application for The University of New Mexico Hospital (UNMH) and Clinics**All questions are required. Email completed form to [PFAC@salud.unm.edu](mailto:PFAC@salud.unm.edu).

Questions? Ask us!  
505-289-6971  
[PFAC@salud.unm.edu](mailto:PFAC@salud.unm.edu)

We will call or email you  
back as soon as possible.

**Your Contact Information**

Today's Date: \_\_\_\_\_ Your Full Name: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your Email Address: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

What is the best way to reach you?  Phone  Email**About You**Is English your first language?  Yes  No Are you 18 years old or over?  Yes  NoAre you currently employed by UNMH, UNM Medical Group, or UNM Health Sciences?  Yes  NoDo you currently or have volunteered in your community or been on a committee in the past?  Yes  No

If yes, tell us about the experience and organizations: \_\_\_\_\_

Have you been part of any UNMH and clinics volunteer program or committee?  Yes  No

If yes, please tell us what program and when: \_\_\_\_\_

Do you feel comfortable working in groups, speaking up and sharing your ideas?  Yes  No**Please tell us why you want to join the Patient and Family Advisory Committee (PFAC) at UNMH**

Why do you want to be a member of the Patient and Family Advisory Committee at UNMH?

Tell us something about yourself to help us get to know you better.

**Staff only:** Why are you interested in volunteering your time to work with patients and families to improve care at UNMH and clinics?

### Your Patient Experiences

Have you or a loved one been cared for at UNMH or clinics in the last 3 years?  Yes  No

Are you a \_\_\_\_\_ at UNMH or clinics? Mark all that apply to you.

Patient  Family member of a patient  Caregiver of a patient  Other: \_\_\_\_\_

Have you or a loved one ever had a hospital stay at UNMH for more than 24 hours?  Yes  No

How many times have you or a person in your care had a hospital stay at UNMH in the last 3 years? \_\_\_\_\_

Which hospital or clinic location(s) did you or a family member get care? Mark all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> UNM Hospital Main       | <input type="checkbox"/> Primary Care Clinics | <input type="checkbox"/> Sandoval Regional Medical Center (SRMC)                |
| <input type="checkbox"/> UNM Children's Hospital | <input type="checkbox"/> Truman Clinic        | <input type="checkbox"/> Sports Medicine & Outpatient Rehabilitation            |
| <input type="checkbox"/> Carrie Tingley          | <input type="checkbox"/> Eye Clinic           | <input type="checkbox"/> Women's Health Clinics<br>(OB/GYN and Family Planning) |

Other: \_\_\_\_\_

How would you describe your care experience at UNMH and clinics? \_\_\_\_\_

\_\_\_\_\_

What did UNMH or clinics do well during your stay or loved ones stay? \_\_\_\_\_

\_\_\_\_\_

What could we have done differently? \_\_\_\_\_

\_\_\_\_\_

What would you like UNMH to learn from your care experience? \_\_\_\_\_

\_\_\_\_\_

### Eligibility Questions

Are you able to attend UNMH Patient and Family Advisory Committee meetings during weekday evenings for 2 hours?  Yes  No

Are you willing to get the needed immunizations to be part of the UNMH Patient and Family Advisory Committee? This includes flu (influenza), chicken pox and measles, mumps and rubella (MMR).  Yes  No

Are you willing to sign an agreement to promise not to share confidential information given to you as a member of the UNMH Patient and Family Advisory Committee?  Yes  No

Are you willing to go through a background check?  Yes  No