



MEMBERSHIP APPLICATION

Thank you for your interest in joining the Patient and Family Advisory Council for Quality (PFACQ) at Memorial Sloan Kettering (MSK). Our mission is to integrate the patient and family perspective into every aspect of MSK's efforts to prevent, diagnose, treat, and cure cancer. Working in active partnership throughout MSK, this program strengthens communication and collaboration among patients, families, clinicians, and staff, and proposes and participates in efforts to develop and improve programs, facilities, and services at MSK.

Eligibility

You are eligible to apply if:

- You are a former or current patient treated at MSK.
- You are a family member or caregiver of a former or current patient treated at MSK.

How To Apply

We want to ensure that we match PFACQ Members to opportunities that best fit their experience, interests, and availability. This is the application process:

1. Fill out the attached application.
2. Return the completed application and required documents to pfacq@mskcc.org.
3. After we review your application, we will contact you to set up an interview. You will interview via MS Teams with current PFACQ Members and the PFACQ staff manager.

Note: If you are accepted into PFACQ, you will be required to attend a PFACQ orientation, obtain medical clearance, and fulfill MSK Human Resource requirements.

Questions

Please contact Christine Mezzina, PFACQ Coordinator at pfacq@mskcc.org

Name:		Gender:		Date of Birth:	
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Address:	
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Phone:		Email:	
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Emergency Contact

Name:		Phone:		Relationship:	
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History

Patient Family Member/Caregiver Both	Patient Diagnosis:	Type of Cancer: Stage:	Year of diagnosis: Age at diagnosis:
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Are you (or the person you are caring for) currently in active treatment?	Yes No Patient Deceased, Date:	If yes, where are you/they in the cancer journey?	
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Do you have clinical trial experience?	Yes No	Do you have inpatient experience?	Yes, # of days: No	Are you in Survivorship?	Yes No
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<p>Where are/were you (or the person you are caring for) receiving treatments?</p>	<p>Please select all that apply</p> <ul style="list-style-type: none"> New York City <ul style="list-style-type: none"> Main Campus Koch Center Evelyn H. Lauder Breast Center Josie Robertson Surgery Center 60th Street Outpatient Center 64th Street Outpatient Center Ralph Lauren Center Rockefeller Outpatient Pavilion (53rd Street) Kimmel Center Brooklyn Infusion Center Long Island <ul style="list-style-type: none"> Commack Hauppauge Nassau New Jersey <ul style="list-style-type: none"> Basking Ridge Bergen Monmouth Westchester
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<p>What did the care involve for you (or the person you are caring for)?</p>	<p>Please select all that apply</p> <ul style="list-style-type: none"> Surgery Radiation Interventional Radiology Integrative Medicine (e.g., massage, acupuncture) Nutritional Counseling Bone Marrow/Stem Cell Transplant Supportive Care Physical/Occupational Therapy Chemotherapy Immunotherapy Psych/Counseling Services Social Work Pain Management Child Life Services Chaplaincy/Spiritual Services Other
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Areas of Interest and Experience

<p>What are your areas of interest?</p>	<p>Please select all that apply</p> <ul style="list-style-type: none"> Reviewing patient and family satisfaction tools Developing and reviewing educational materials Planning for the inpatient care experience Planning for the outpatient care experience Helping to design systems of care and facilities for the cancer experience Ensuring patient safety and prevention of medical errors
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	<p>Educating clinicians and new employees about the patient and family/caregiver experience</p> <p>Improving the coordination of care and the transition to home and community care.</p>
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<p>From your experience, as the patient and/or caregiver, please describe any improvement opportunities for MSK.</p>	
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Interest Statement
Please provide a detailed answer to each of the following:

<p>How did you learn about PFACQ?</p>	<p>Referred by: (As applicable)</p>
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<p>Why are you interested in being a PFACQ Member?</p>	
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<p>Why do you believe you will be a good advocate for patient-and family-centered care?</p>	
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<p>Describe what qualities and skills you will contribute to the program?</p>	
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<p>Describe the amount of time you are willing to commit to PFACQ.</p>	
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<p>Describe your availability to participate in in-person, virtual meetings, and phone calls. (e.g., only after 5pm on weekdays, only during lunch hours, etc.)</p>	
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MSK Patient and Family Advisory
Council for Quality

Provide examples of your experience of group membership(s)	
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Are you interested in becoming a member of the Peer-to-Peer Program?	
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References
Please provide two references that can speak to your business and/or volunteer experience(s)

Name:		Phone:		Email:		Relationship:	
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Name:		Phone:		Email:		Relationship:	
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