



Central Georgia Cancer Care

Patient and Family Advisory Council Application

Thank you for your interest in participating as a member of the Patient and Family Advisory Committee (PFAC) at Central Georgia Cancer Care (CGCC). This advisory council serves as a bridge between the patients, their families, and the healthcare team. PFACs are an integral part of the patient-centered care approach, where the voice and perspective of the patients and their families are valued.

Eligibility

You are eligible to apply if:

- You are age 18 or older
- You are a former or current patient treated at CGCC
- You are a family member or caregiver of a former, or current patients treated at CGCC

Personal Information

FULL NAME:

ADDRESS:

CITY: **STATE:**

ZIP CODE:

EMAIL: **TELEPHONE:**

Emergency Contact

FULL NAME:

RELATIONSHIP: **TELEPHONE:**

Why are you interested in becoming a member of the PFAC at CGCC?

Please check the box(es) that represents you:

- Current CGCC Patient Caregiver/family of current CGCC patient Actively on IV or oral anti-cancer treatment
- Past CGCC Patient Caregiver/family of past CGCC patient Completed IV or oral anti-cancer treatment

Availability

DATE AVAILABLE TO START: _____

Will you attend in person or virtually?

- In-Person Virtually (*via Microsoft Teams*)

PREFERRED OFFICE LOCATION & TIME SLOTS: (*Select one or more*)

- MACON WARNER ROBINS
- Morning (8:00 AM – 12:00 PM)
- Afternoon (1:00 PM – 5:00 PM)
- Other: _____

DAYS OF THE WEEK AVAILABLE:

- Monday Tuesday Wednesday Thursday Friday

DISCLAIMER

I, the applicant, understand that this application does not guarantee PFAC membership, and I am willing to comply with the policies and requirements of the CGCC PFAC Program.

FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

Please complete and return this application to jobs@centralgacancercare.com