

# 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:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Current CGCC Patient | <input type="checkbox"/> Caregiver/family of current CGCC patient | <input type="checkbox"/> Actively on IV or oral anti-cancer treatment |
| <input type="checkbox"/> Past CGCC Patient    | <input type="checkbox"/> Caregiver/family of past CGCC patient    | <input type="checkbox"/> 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 the Office Manager at your local CGCC office.**