

Patient Subject Matter Expert Application Form

Please complete the following information for consideration to participate on the Network Patient Advisory Council (PAC) and/or as a Network Patient Subject Matter Expert.

About You	
I am a: <i>(Please check one)</i>	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Caregiver <input type="checkbox"/> Stakeholder
Name: <i>(Please provide First and Last)</i>	
Address:	
City, State, Zip:	
Primary Phone:	
Email Address:	
I identify as:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Ethnicity—I identify as:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino
I mainly speak:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
About Your ESRD Experience	
Dialysis Facility Name:	
Dialysis Facility Phone Number:	
Name of Referring Staff Member <i>(Must be included if staff member is referring candidate)</i> :	
Number of Years as a Dialysis Patient:	
Current Treatment Type: <i>(Please check one)</i>	<input type="checkbox"/> In-Center Hemodialysis: <input type="checkbox"/> M/W/F or <input type="checkbox"/> T/T/S <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant If yes, how long?_____
Previous Treatment Types: <i>(Please check all that apply)</i>	<input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant
Are you on a transplant waitlist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Connecting with You	
Preferred Method of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail
How often do you check your email: <i>(Please check one)</i>	<input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times/week <input type="checkbox"/> Only when expecting important messages <input type="checkbox"/> Don't have email
Are you able to travel out of state for face- to-face meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to attend 2 or more meetings by phone per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Area of Interest	
I am interested in the following activities and/or topics: <i>(Please check all that apply)</i>	
<input type="checkbox"/> Infection control	<input type="checkbox"/> Emergency preparedness
<input type="checkbox"/> Patient and Family Engagement at the facility	<input type="checkbox"/> Increasing the number of patients listed for transplant
<input type="checkbox"/> Improving patient satisfaction/experience	<input type="checkbox"/> National Patient Focused Projects
<input type="checkbox"/> Increasing the number of patients using home modalities	<input type="checkbox"/> No preference

Please read the following statements *(all must be checked to be considered)*:

- I have read the PAC member responsibilities and participation/membership policy and agree to fulfill my responsibilities to the best of my ability.
- I authorize Network 15 and my dialysis center *(if applicable)* to utilize my name and email address for specific PAC and SME communications.
- I further authorize my Network to use my name where necessary in PAC and SME meeting minutes and in listing PAC and SME members in reports to the Centers for Medicare and Medicaid Services (CMS) and other business documentation.

Applicant Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____
(If Applicable)

Please submit this completed form to Network 17 by either of the following methods:

- Fax: 415.897.2422
- Mail: HSAG: ESRD Network 17
 533 Airport Blvd., Suite 400
 Burlingame, CA 94010

If you have any questions, please contact the Network at 1.800.783.8818.

Note: If we receive more applications than there are available SME positions, we may retain your application for use at a later date, as additional SME participants are needed.