

# VOLUNTEER WITH NETWORK 17

## Make a difference in your care today!

As a caregiver, do you have ideas about how the treatment provided to dialysis patients could be better? HSAG: ESRD Network 17 is looking for caregivers to help improve the quality of care for ESRD patients by volunteering as a Patient Subject Matter Expert (SME) on our Patient Advisory Committee (PAC).

As a SME, you will:

- Provide input into Network activities through phone calls and emails
- Develop patient education materials
- Promote patient and family involvement in facilities

If you are interested in becoming a SME, sign-up today by faxing or mailing this completed flyer to the Network. We will contact you to provide more information and answer any questions you have. We look forward to your participation!

For additional information, contact Riquelen Ngumezi at 415.897.2400 or [rngumezi@nw17.esrd.net](mailto:rngumezi@nw17.esrd.net).



## Here's what current members have to say...

*"...Being a PAC SME is a real learning opportunity. I find the conference calls are fascinating and the projects we work on give me new perspectives on routine dialysis treatment practices. Working with fellow patients and professionals is one of the most valuable and rewarding experiences in my professional career."*

*Jennifer C., PAC SME*

*"...I have found that by participating as a SME it gives me a chance to use my life experience to give back to others who are in the same situation that I am in. It is important to me that I am able to help others. I have been blessed with my care and I know that is not always true for everyone."*

*Lenora C., PAC SME*

*"...Serving on the Network #17 Patient Advisory Committee (PAC) has been very rewarding. I have learned a lot, met other kidney patients I now call friends, all while helping others in our patient community. We are making a difference, improving the quality of care and quality of life for ESRD Patients."*

*Derek F., PAC Chair*

## Sign-Up Today!

Please fax or mail to the Network at 415.897.2422 or  
1350 Old Bayshore Highway, Suite 328, Burlingame, CA 94010.

\_\_\_\_\_  
Caregiver's Name

\_\_\_\_\_  
Patient's Facility

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Patient's Treatment Type

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email