



Patient and Family Advisory Committee (PFAC) Commitment Form and Application

UCC Patient and Family Advisory Committee Mission

The UCC Patient & Family Advisory Committee is comprised of current and former patients, family members, and Upstate staff with a common goal of improving the patient experience by developing, supporting, and implementing initiatives in advocacy, education, navigation, and resource development which complement their medical care.

UCC Patient and Family Advisory Committee Core Values

- Compassion - to offer empathy and understanding to patients through our shared experiences.
- Empowerment - give patients and families an outlet for their ideas and input in an effort to improve the patient experience through actionable initiatives
- Knowledge - seek out and finding resources that allow for the most current research and methodology and helping to distribute said information
- Collaboration - facilitate, build, and grow affiliations with the medical community, government, non-profit sector, and general community in any way that strengthens the framework of our patient experience

COMMITTEE MEMBER EXPECTATIONS:

1. Uphold the Mission and Core Values of the PFAC, Upstate Cancer Center, and Upstate Medical University
2. Contribute positively to the committee's endeavors
3. Minimum one year commitment (renewable for 5 years)
4. Sit on at least one sub committee
5. Attend (by phone or in person) a minimum of 75% of scheduled sub-committee and quarterly committee meetings

Please verify below with your signature that you accept the above responsibilities and expectations, or select the box that notifies us that you no longer wish to be a UCC PFAC Member.

Thank you for your continued support and participation.

Committee Member Signature

Print Name/Date

I agree to the above guidelines

I would like to take this opportunity to resign from the committee

Application

Apply to be a member of our Patient and Family Advisory Committee by filling out the information below and mailing (or emailing) it back to address below. Candidates are welcome to submit CV/resume and will be contacted for an onsite interview by staff or committee members.

Matthew Capogreco, Program and Events Coordinator
Upstate Cancer Center Room C1090
750 E Adams Street
Syracuse, NY 13210
315-464-3605 or capogrem@upstate.edu

Name: _____ Email: _____
Address: _____
Telephone Numbers: Home: _____ Work: _____ Cell: _____

Please indicate your status in relation to cancer:

- Adult Cancer Survivor (Every cancer patient is a survivor from the date of diagnosis)
 Caregiver of Adult Patient currently in treatment
 Caregiver of Pediatric Survivor
 Bereaved Family Member
 Other: _____

If Caregiver please list relationship to patient: _____

Patient Diagnosis (Type of cancer): _____ Patient age at diagnosis: _____
Year of original diagnosis: _____ Year treatment was completed: _____
Where was the treatment given: _____

What did you/your family member's care involve? (Check all that apply):

- Chemotherapy Radiation Therapy Surgery

Your area of interest, please check all that apply:

- Patient Services (resources – internal and external) Patient Education
 Patient to Patient Programs (mentoring) Being a patient mentor
 Patient Safety and Quality Improvement Social Media and Web Development
 Communications, Marketing, and Public Relations Events
 Clinical Research and Study Trials Support Groups
 OTHER (please list): _____

I certify that the statements made on this application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer member of the Committee. I agree to abide by the guidelines of Volunteer Services and to respect patient confidentiality. Volunteers will demonstrate a readiness to help others, maintain respect for collaboration, and assist the Upstate Cancer Center in delivering quality patient and family care.

Applicant signature: _____ **Date:** _____

Thank You for Your Interest!