



Please submit completed application  
in person at the Family Clinic, via  
email at [manager@fcacmedical.com](mailto:manager@fcacmedical.com)  
or by mail to 909 Unity Road, Crossett  
AR 71635

## **Family Clinic of Ashley County, P.A. Patient and Family Advisory Council (PFAC)**

### **Information Sheet**

#### **What is the Patient and Family Advisory Council?**

Family Clinic Patient and Family Advisory Council (PFAC) is a diverse group of patients who meet regularly to advise Family Clinic of Ashley County on how we can provide better patient-centered care and fulfill our goal of becoming the healthcare choice for our community. Join our Patient and Family Advisory Council and help us create patient-centered care through your voice.

#### **Why should I join the PFAC?**

By becoming a PFAC member and sharing your unique experience, you can help improve Family Clinic's services and make a difference in the lives of other patients and their families. If you are selected to become a member, you will be asked to serve a one year term. No education background or experience is required.

#### **Who is eligible to serve on the PFAC?**

To become a member of the PFAC you must:

- Be 18 years or older
- Be a current patient, family member or care giver
- Be able to commit to serve for a one year term
- Share Family Clinic of Ashley County's commitment to excellence in patient-centered care
- Have a positive approach and ability to share and see different points of view

#### **How can I join the PFAC?**

You must complete an application. Space is limited, so it is possible that not all applicants will be able to serve on the PFAC, but all applications will be kept on file as future openings occur. Please contact our office staff at 870-364-9111 or via email [manager@fcacmedical.com](mailto:manager@fcacmedical.com) for more information on how you can be a part of our PFAC.





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Family Clinic Patient and Family Advisory Council

Membership Application

*Thank you for your interest in the Patient and Family Advisory Council. Membership requires your successful completion of the application, a mandatory orientation, attendance of scheduled meetings and completion of HIPPA training.*

**Please PRINT all information clearly**

Name:		
Address:		City/State/Zip:
Telephone number(s): Please indicate your preferred phone number and best time to reach you		
Work: _____ Home: _____ Cell: _____ Fax: _____		
Email Address:	Time preferred:	AM/PM
Please indicate if you are willing to share your contact information with other members?		Yes/No
Please circle all that apply: I am the    Patient    Spouse/Significant other    Other    Caretaker		
I have been treated at Family Clinic of Ashley County since _____ (year)		
Please circle your primary physician: Edward Gresham    Benjamin Walsh    Mark Malloy    Brad Walsh		
Additional languages spoken:		
Please tell us what activities you might be interested in:		
<ul style="list-style-type: none"><li><input type="radio"/> Reviewing policies</li><li><input type="radio"/> Reviewing procedures</li><li><input type="radio"/> Improving the experience for patients and their families</li><li><input type="radio"/> Developing educational materials</li><li><input type="radio"/> Improving patient safety</li><li><input type="radio"/> Other project/ interests, please explain _____</li></ul>		
Please tell us why you are interested in joining the Patient and Family Advisory Council:		



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Please describe any other committee experience you have had either at schools, in the community, through churches, work etc.?

Do you have experience with public speaking? Yes / No

Are you comfortable speaking in a group setting? Yes / No

What are some things the staff did or said that made your/ your family's experience at FCAC more difficult?

What are some things the staff did or said that made your/ your family's experience at FCAC easier?

What is the easiest way / time of day for you to participate in meetings: (In person/conference call, lunch/after 5pm)



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