



# Patient and Family Advisory Council Application

Samaritan is creating an advisory council of patients and their family members. Members will be asked to give feedback to the organization on how to improve services. Eligible candidates are those individuals who are solution focused and willing to invest their time to make Samaritan the best place to receive care. We are looking for representation from across our community. The questions we ask are to ensure representation from diverse community members.

The Council will meet on a regular basis (monthly or quarterly – depending on projects and the group). 10-15 candidates will be selected to participate. If you are not selected for the initial council, we would like to keep your application for when future spots open up on the council.

Thank you for your interest in the Patient and Family Advisory Committee. Please direct questions to our Samaritan Experience Manager Emily Soderquist at [info@shsny.com](mailto:info@shsny.com) .  
(At this time we respectfully ask for candidates who are not employees or board members.)

**Candidate Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**When is the best time to contact you?** \_\_\_\_\_

**Briefly describe your experience, either as a patient or family member, with receiving care at Samaritan Medical Center?**

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**Which of our services have you used here at Samaritan?** (Please mark all that you or an immediate family member has used)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Neonatal Intensive Care                  | <input type="checkbox"/> Telemedicine         |
| <input type="checkbox"/> Cancer Services            | <input type="checkbox"/> Pain Management Center                   | <input type="checkbox"/> Wound Care           |
| <input type="checkbox"/> Cardiac Rehabilitation     | <input type="checkbox"/> Pediatrics                               | <input type="checkbox"/> Specialty Clinics    |
| <input type="checkbox"/> Emergency Department       | <input type="checkbox"/> Rehabilitation Services                  | <input type="checkbox"/> Ear, Nose and Throat |
| <input type="checkbox"/> Gastroenterology           | <input type="checkbox"/> Occupational, Physical or Speech Therapy | <input type="checkbox"/> General Surgery      |
| <input type="checkbox"/> General Surgery            | <input type="checkbox"/> Primary Care                             | <input type="checkbox"/> Oncology             |
| <input type="checkbox"/> Hospital Admission         | <input type="checkbox"/> Family Health Centers                    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Imaging/Radiology/X-Ray    | <input type="checkbox"/> Robotic Surgery                          | <input type="checkbox"/> Women’s Health       |
| <input type="checkbox"/> Infusion                   | <input type="checkbox"/> Sleep Center                             | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Laboratory Services        | <input type="checkbox"/> Surgical Care/Procedure                  |   |
| <input type="checkbox"/> Long Term Care             | <input type="checkbox"/> Urgent Care                              |   |
| <input type="checkbox"/> Maternity                  | <input type="checkbox"/> Urology Center                           |   |
| <input type="checkbox"/> Neck & Back Program        |   |   |

**Have you received health care at another hospital? If so, which hospital and what kind of services?**

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Please tell us why you would be interested in being a member Samaritan's Patient/Family Advisory Council?

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Are you (or one of your family members) a military service member? Active, Retired, National Guard or Reserves.

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Do you have a family member who works at or serves on the board at Samaritan Medical Center, Samaritan Keep Home or Samaritan Summit Village? If so, what is their role?

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What unique perspective do you feel you would bring to the Council?

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Would you be able to commit two hours a month? Yes or No

Do you have insurance? If so, what kind? We ask this question to ensure council members represent a broad group of community members.

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Please list a personal reference:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list a professional reference:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If, childcare can be provided during meeting times, is this something you would use?

- No  
 Yes

If yes, please list the ages of your children: \_\_\_\_\_

**Thank you for applying to be a member of our Patient and Family Advisory Council.**

Send applications to:

**Samaritan Experience Manager**

c/o Samaritan Medical Center

830 Washington Street, Watertown, NY 13601

[info@shsny.com](mailto:info@shsny.com), Fax: 315.785.5788, Office: 315.779.5230