

## Application form for Quality and Safety Advisory Panel (QSAP)

Please fill out and email to: [robert.c.call8.mil@health.mil](mailto:robert.c.call8.mil@health.mil)

Date: \_\_\_\_\_

Name: *(Please Print)* \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we call you at work? Yes No

E-mail Address: \_\_\_\_\_

Preferred method of contact: Home Cell Work

Please indicate your status (check all that apply):

- Patient  Parent/Guardian of a patient  
 Active Duty

### **How did you hear about the Quality and Safety Advisory Panel?**

Family/Friend Website Bulletin Facebook

Other (*list*): \_\_\_\_\_

### **I understand that (initial inside the box):**

- I may be required to participate in an interview process for committee/function selection.
- If selected, I am making a one-year commitment to serving as a member of the Quality and Safety Advisory Panel (barring PCS/separation of the AD member)
- My healthcare will not be affected by my participation.
- I understand that there are a limited number of spots, and I may not be selected.
- I understand that children are not permitted to attend meetings due to PII and safety regulations.

**Please tell us about yourself.**

To be eligible to serve, you must have been treated at U.S. Naval Hospital Guam or its clinics.

Have you been treated at the above locations in the last year? (Please check one)

Yes

No

Why would you like to serve as a Quality and Safety Advisory Panel member?

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What areas of concern or suggestions for improvement do you have that you would like to see the Quality and Safety Advisory Panel address?

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If you have served as a council member, been an active volunteer committee member, or done public speaking for other programs or organizations, please briefly describe the experience below:

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(Please use another page if you need more space)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest. Please return any forms and address any questions or concerns to: [robert.c.call8.mil@health.mil](mailto:robert.c.call8.mil@health.mil)

**\*\*Being selected for this council is contingent upon completing all training requirements per guidance\*\***