Application Form for Geisinger's Precision Health Participant Advisory Board (PHPAB)

Instructions: Please complete this form to express your interest in serving as a member of the participant advisory board for Geisinger's involvement with precision health projects. Return the completed form to Jennifer K. Wagner by email at <u>jwagner1@geisinger.edu</u> or by mail to Jennifer K. Wagner, Geisinger Health System, MC 30-42, 100 N. Academy Ave, Danville, PA 17822.

Date of Application:	/ /				
	mm dd	уууу			
Section A. Contact Info Full Name (plea					
Mail address:					
Email address: _				_	
Preferred phone	:		Is this a cell pl	none?	□ Yes □ No
Permission to Access Yo Yes, my cont No, I prefer y	act informatio	n may be shar	ed with other indivi	duals af	filiated with this board.
Section B. Eligibility Section B. Eligibility Section 1. Are you a Geisinger p 2. Are you a participant	patient?	Community H	ealth Initiative?	□ Ye □ Ye	
Section C. Practical Int 4. Do you use the MyGe 5. Are you a Geisinger e 6. When was the first tin 7. Which language(s) do	eisinger Patient employee? ne you became	t Portal? a Geisinger p	Yes □ No patient? (list approx		
8. When are you general Mondays Tuesdays Wednesdays Thursdays Fridays Saturdays Sundays	ly available to	□ Morning □ Afternoo	gs? (please check a s (before Noon) ns (between Noon a s (after 5pm)		
9. Are you comfortable	using email?	□ Yes □	No		
10. Are you comfortable	e attending onl	ine meetings (such as Skype, Gol	ГоMeeti	ng, or Cisco WebEx

meetings)? \Box Yes \Box No

Section D. Your Motivations, Interests, and Experience

10. Please describe the reasons why you are interested in serving on this advisory board.

11. Please describe any research issues that are of special interest to you.

12. Please describe any skills or training you have that you think might be relevant to serving on a research advisory board like this one.

13. Do you have experience with any of the following? (please check all that apply)

□ Volunteering on other boards or committees (such as a patient advisory board, patient and family advisory council, hospital ethics committee, or other community board/committee) □ Public speaking

□ Teaching

□ Data analysis or visualization

□ Artistic Expression or Design

Event planning

Customer Service

Section E. Suggestions for other members

Do you know of other individuals who might also be interested in serving as members of this participant advisory board? If so, please list their name, phone number, and email address here:

Reason(s) why you suggest this person?