



## Clinical Advisory Panel Membership Application

The Willamette Health Council (WHC) provides governance, oversight, and strategic direction for the PacificSource Marion-Polk Coordinated Care Organization (CCO). The Clinical Advisory Panel (CAP) is a chartered committee of the WHC. The purpose of the CAP is to advise the WHC on best clinical practices. The CAP will provide recommendations to the WHC Board of Directors on projects and health care transformation as it relates to clinical perspective. The CAP acts as a forum for provider perspectives, collaboration, and information exchange. If you would like to be a member of the CAP, please complete this online application and submit via the WHC webpage. If you have questions, please contact Andrea Dabler at 503-585-4935.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Current Employer (if applicable): \_\_\_\_\_

Job Title (if applicable): \_\_\_\_\_

Please mark the areas that you feel you would best represent: (check all that apply)

- PCP
- Behavioral Health
- Substance Use Disorder
- Dental
- Traditional Healthcare Workers
- Hospitals
- Other: \_\_\_\_\_

Please share the Race you associate with:

- American Indian  Alaska Native
- Asian  Pacific Islander  White
- African American  Hispanic  Other

Members of the CAP will attend one (1) meeting per month that lasts two to three (2-3) hours. Please mark the times of day that you are generally available to meet on weekdays (M-F):

- Early Morning (before 9:00 AM)
- Mornings (8:00AM – 11:00AM)
- Lunch Hour (Noon-1:00PM)
- Afternoons (1:00PM-5:00PM)
- Evenings (after 5:00PM)

Please mark any accommodations that you would need to fully engage in Community Advisory Council meetings:

- Help with Transportation
- Language Interpretation
- ADA Accessibility
- Food Allergies: \_\_\_\_\_
- Other: \_\_\_\_\_

Please list at least two references:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer (If applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer (If applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employer (If applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any other committees, boards and/or organizations that you currently volunteer at:

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