Lane Community Health Council Clinical Advisory Panel Membership Application

The Lane Community Health Council (LCHC) provides governance, oversight and strategic direction for the PacificSource Lane Coordinated Care Organization. The Clinical Advisory Panel is a committee of the LCHC Board. The Clinical Advisory Panel will provide clinical recommendations to the LCHC Board on projects and health care transformation. The Clinical Advisory Panel is a forum for provider perspectives, collaboration, and exchange of information. If you would like to be a member of the Clinical Advisory Panel, please fill out the application below and submit it to: rhonda.busek@lchealthcouncil.org.

| Name: | Pate: | | |
|---------------------------|----------------------------------|-----------------------|--|
| Address: | | | |
| City: | State: | Zip: | |
| E-mail address: | | | |
| Current employer (if appl | cable): | | |
| Position Title: | | | |
| Please check those areas | that you would best represent (o | check all that apply) | |
| Primary Care/PCF | СН | | |
| Behavioral Health | | | |
| Dental | | | |
| Traditional Health | ncare Worker | | |
| Hospitals | | | |
| Midwifery | | | |
| Public Health | | | |
| Community-base | d program | | |
| Specialty Care | | - | |
| Other | | _ | |

| he Clinical Advisory Panel will schedule monthly meetings. Please mark the times of day you |
|--|
| re generally available to meet on weekdays (Monday-Friday): |
| Early morning (before 8:00am) Afternoons (1:00pm – 5:00PM) |
| Mornings (8:00am-11:00am) Evenings (after 5:00pm) |
| Lunch Hour (Noon-1:00pm) |
| lease let us know if there are any accommodations that you would need to fully engage in the |
| linical Advisory Panel meetings including: |
| Transportation Language Interpretation ADA Accessibility |
| Other |
| anel: |
| |
| |
| |
| |
| |
| |

| Do you have any experience w | ith Oregon H | ealth Plan (Medica | aid)? | _Yes | No | | |
|--|--------------|--------------------|-------|------|----|--|--|
| Please list any other committees, boards or other organizations that you currently volunteer at: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Thank you for your time and submission of this application to rhonda.busek@lchealthcouncil.org