

**Providence Medical Group  
Patient & Family Advisory Council  
Project Participation Request**



Please provide a description of the project that you would like the Patient & Family Advisory Council to be a part of and the role you envision for the council:

Please provide a brief history on the project (how long has it been a project; what phase it is in; any problems and/or successes you have had so far, etc.):

What are your goals and expectations of the Patient & Family Advisory Council's involvement i.e., the desired goals/outcomes, the audience that will be receiving the council's input, etc?

What is your desired deadline for having the Patient & Family Advisory Council's input?

Please describe aspects of the project that are negotiable and non-negotiable:

**By signing this Project Proposal you agree to complete a FOLLOW-UP on how the  
Patient & Family Advisory Council impacted your project.**

Name (signature) \_\_\_\_\_ Date \_\_\_\_\_