



Patient Family Advisor Skills Exchange Facilitator Application

Date: _____

Name: _____

Role/Title: _____

Organization: _____

Address: _____

Phone: _____

E-mail: _____

Thank you for your interest in the PFASE Facilitator training. Your attention to this application process is important and appreciated. Please feel free to contact us if you have any questions or comments about the PFASE Facilitator training, the PFASE Facilitator application.

1) Please tell us about your experience working as or with Patient Family Advisors:

2) Please tell us about any experience you might have as a facilitator (in any relevant role):

3) **Why are you interested in becoming a PFASE Facilitator?**

4) **Please share any additional information that you feel would be helpful for us to understand in the application process.**

Return by Email:

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Return by Mail:

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