

## NNPBC Public Rep Board Member - Application Form

Name:

Email:

Phone:

Address:

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What inspired you to become a patient advocate?

What do you think the most important challenges are facing our healthcare system today?

Please describe any previous Board experience you may have.

What areas of advocacy do you believe the NNPBC should be involved in?

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**References**

Academic or Work Reference

Email:

Phone:

Personal (non-family) Reference

Email:

Phone:

Personal (non-family) Reference

Email:

Phone:

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Once completed, please email this form to [info@nnpbc.com](mailto:info@nnpbc.com)