

**NICU Family Advisory Council Application**  
**St. Luke's Regional Medical Center**

Thank you for your interest in serving on the NICU Family Advisory Council (FAC). St. Luke's NICU FAC is for families to share thoughts about your experience at St. Luke's NICU and identify areas to improve.

The council consists of former family members who work together in an advisory role to collaborate with St. Luke's and provide feedback. This feedback will help to enhance the patient care experience and promote quality, effective health care in a safe environment. The NICU FAC meets from 6:00-7:30pm on the third Wednesday of every month. We ask that if you are applying to sit on the council you are able to commit to coming to 75% of the meetings.

Please complete the following application to get started, and a member of our Family Advocacy Council will contact you soon.

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

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Please Star (\*) your telephone communication preference

E-Mail Address: \_\_\_\_\_

Relation to patient: \_\_\_\_\_

NICU Child(ren)'s name(s): \_\_\_\_\_

Date of admission: \_\_\_\_\_

Gestational Age at birth: \_\_\_\_\_

Days spent in the NICU: \_\_\_\_\_

1. Describe your experience in the NICU:
  
  
  
  
  
  
  
  
  
  
2. Please tell us why you are interested in joining the NICU FAC:
  
  
  
  
  
  
  
  
  
  
3. What suggestions do you have to improve the St. Luke's NICU experience for families and children?
  
  
  
  
  
  
  
  
  
  
4. Do you have any concerns with joining the FAC:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_