

NYC Health + Hospitals

HHC 1060 (R Feb 06)

COMMUNITY ADVISORY BOARD MEMBERSHIP APPLICATION

Dear Applicant:

Thank you for your interest in becoming a **NYC Health + Hospitals** Community Advisory Board member. Before you complete the attached application, please take a few moments to read the following overview:

❖ **What Are Community Advisory Boards?**

In 1970, when **NYC Health + Hospitals** was created to operate the city's municipal hospitals, a provision in the **NYC Health + Hospitals** enabling legislation mandated that Community Advisory Boards (CABs) become an integral part of the Health + Hospitals framework. Since that time CAB members, consisting of the residents, patients and community workers of New York City, volunteer precious hours striving to ensure access to the best possible medical care services in their communities. These are individuals who are interested in health care or may have a history of public health advocacy. The average membership of each CAB is between 15-35 members.

❖ **What Is the Role of a Community Advisory Board Member?**

CAB members function as links between **NYC Health + Hospitals** facilities and their communities. They represent the views of the community in the health care facility's decision-making process and keep the community informed of **NYC Health + Hospitals'** goals and objectives. As advisors, CAB members provide a vital perspective on the development of facility plans and programs. CAB members serve on various committees that monitor the respective facility's patient services, planning priorities, allocation of funds and reporting of problems. They interact with community groups, local officials and facility administrations.

❖ **Who Can Become a Community Advisory Board Member?**

CAB members usually are consumers of **NYC Health + Hospitals** facility services or are community representatives who either live or work in **NYC Health + Hospitals** service area.

❖ **Who Is Ineligible to Become a Community Advisory Board Member?**

1. Employees of **NYC Health + Hospitals** facilities (except non-managerial employee representative) or the affiliate corporate officers, and corporate employees who hold a direct supervisory position of the CABs.
2. Persons or their spouses and those employed by a vendor in a contractual relationship with the facility or with NYC Health + Hospitals healthcare system.
3. Community Board (CB) members of the facility CABs who are employees of the facility, the Affiliate or Corporation.
4. Members of the CAB who become employees of the facility.
5. Salaried elected officials or their representatives.

NYC Health + Hospitals
 COMMUNITY ADVISORY BOARD
 MEMBERSHIP APPLICATION

Mr. Miss Last Name First Initial
 Mrs. Ms.

Home Address Borough Zip Code

Business Name Occupation/Title

Business Address

Home Telephone Business Telephone Consumer Community Board Representative
 () () Community Representative Employee Representative

New Appointments:

1) Have you ever served as a member of this or any other **NYC Health + Hospitals Community Advisory Board (CAB)**?
 Yes No If yes, please give dates: _____

Reappointments:

2) What committee(s) did you serve on? (Approximate dates): _____
 3) What committee(s) did you chair? (Approximate dates): _____
 4) What offices have you held on the CAB? _____ When? _____

5) Is this facility the prime source of health services for you and/or your children? Yes No

6) Have you ever been convicted of a felony? Yes No

7) Are you currently employed by **NYC Health + Hospitals or its affiliates**? ? Yes No

8) Are you or your spouse involved in a vendor or contractual relationship with **NYC Health + Hospitals** or one of its affiliates? Yes No

9) What do you think will be your major or general contribution to the CAB?

10) Write a short summary of your background including skills and expertise of value to the CAB and attach resume if available)

"A consumer shall be defined as any individual, at least 18 years of age, who (1) is not a direct or indirect provider of health care; (2) utilizes the hospital or D&TC as the primary source of health services or is the parent of a minor who uses the hospital or D&TC as the primary sources of health services. A hospital or D&TC would be considered one's primary source of health care if one: uses the hospital's emergency room; uses the hospital or D&TC services more frequently than those of other hospital or health care centers; or occasionally uses the hospital or D&TC because one does not have a private physician in the area."

NYC Health + Hospitals

CERTIFICATION CONCERNING CONFLICTS OF INTEREST AND COMPLIANCE
WITH POLICY AND GUIDELINES FROM
COMMUNITY ADVISORY BOARD MEMBERS

I, _____, residing at _____,
am a member of, or an applicant for membership on the Community Advisory Board of
_____ (the "Facility") of NYC Health + Hospitals.

I understand that the enabling act which created the Corporation requires NYC Health + Hospitals to establish Community Advisory Boards for each of its facilities to consider and advise NYC Health + Hospitals and the facilities on matters concerning the development of any plans or programs of NYC Health + Hospitals, and that the enabling act empowered NYC Health + Hospitals to establish rules and regulations with respect to the Community Advisory Boards. I also understand that it is imperative that the advice of a Community Advisory Board be free from conflicts of interests.

I hereby certify that, as a member of, or applicant for membership on a Community Advisory Board of a facility of NYC Health + Hospitals, I am bound by the provisions of the facilities' Code of Ethics.

Moreover, I understand that the NYC Health + Hospitals has established and adopted the "Policy and Guidelines for Community Advisory Boards", which excludes certain people from membership on a Community Advisory Board. As such, I certify that neither I nor my spouse is employed by a vendor or any organization that has a contractual relationship with the Facility, with NYC Health + Hospitals, its corporate subsidiaries, or with any of the NYC Health + Hospitals' auxiliaries.

I acknowledge that I am unaware of any actual conflict of interest, nor is there an appearance of a conflict of interest, which would prevent me from performing my duties as a member of a Community Advisory Board in a fair and unbiased fashion.

Should I be unable or unwilling to attest to any of the above, I agree that I will not be permitted to apply for membership on or to continue as a member of the Community Advisory Board.

Finally, I also agree to immediately notify the Executive Director of the Facility of the Community Advisory Board of which I am a member, or applicant for membership on, of any change of circumstances affecting myself or a member of my immediate family, which might create a conflict of interest or the appearance of a conflict of interest.

NAME: _____

SIGNATURE: _____

DATE: _____

The following information is requested to ensure that CAB composition accurately reflects the demographic composition of the CAB will serve. You are not required to answer these questions but your cooperation is appreciated. Please answer the following:

Age: 21 or Under Gender: Male Race or Ethnicity: _____
 21 to 65 Female
 65 or older

List boards, committees and organizations in which you have participated, particularly, those related to health care. Give a brief description of responsibilities and offices held.

Membership in	From	To	Office Held

References (Names and Address):

1. _____
2. _____
3. _____

Department

Dates of Election/Appointment

EMPLOYEE REPRESENTATIVE APPLICANTS ONLY

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS APPLICATION MAY RESULT IN RENDERING THE APPLICATION INELIGIBLE TO SERVE AS A COMMUNITY ADVISORY BOARD MEMBER.

I, _____ state that I have read and understand all the items contained in this application; that I have supplied full and complete answers to each item therein to the best of my knowledge, that I will notify the facility in writing, in the form of a revised application form, or any change(s) to the information contained herein; and that the submitted information shall be reviewed to ensure that my eligibility for membership is in accordance with the [NYC Health + Hospitals](#) Policy and Guidelines for Community Advisory Boards. Failure to submit a revised application to the [NYC Health + Hospitals](#) facility, within 30 days, may result in the termination of my membership.

Signature: _____ Date: _____

The [NYC Health + Hospitals](#) prohibits discrimination against all persons on the basis of race, color, sex, age, religion, national origin, marital and military status, physical and mental disability, or sexual orientation.

TO BE COMPLETED BY FACILITY STAFF ONLY

Appointment Category: _____

Appointment Date: _____ Termination Date: _____ Reappointment: Yes No

EXAMPLE OF POTENTIAL CONFLICT OF INTEREST SITUATIONS

1. A CAB candidate has a spouse who is an employee of a company that does business with [NYC Health + Hospitals](#). That candidate is ineligible for CAB membership.
2. A CAB member has a near relative (other than a spouse) who is a manager and a decision-making employee of a company that does business with [NYC Health + Hospitals](#). That candidate may be eligible to continue as a CAB member but should be aware of the potential appearance of a conflict of interest. The CAB member should advise the Executive Director of the facility of the relationship.
3. A CAB member who is on the Board of Directors of a not-for-profit organization or is a manager with decision-making authority at a not-for-profit organization that partner with an [NYC Health + Hospitals](#) facility may remain a CAB member but must not participate in any activities (including contract approval) for the not-for-profit involving [NYC Health + Hospitals](#) and must not participate in the CAB in any matter that involves the not-for-profit. Because of the potential appearance of a conflict of interest, the CAB member should advise the Executive Director of the facility of the other position.
4. A CAB member may do volunteer work for a not-for-profit organization that partners with an [NYC Health + Hospitals](#) facility, but because of the potential appearance of a conflict of interest, the CAB member should advise the Executive Director of the Facility if the work is being performed at the facility.
5. A person who does business with an [NYC Health + Hospitals](#) facility or who leases property from or to the facility is ineligible to be a CAB member of that facility.
6. CAB members should not accept gifts in any form, including money, entertainment and meals, from any person or entity that does business with [NYC Health + Hospitals](#) or the facility or which are intended to, or may appear to be intended to, influence the CAB member in performance of the duties of a CAB member.

Requests for advisory opinions as to interpretation and compliance with the conflicts of interest rules, or for waivers of the rules in particular circumstances, may be addressed in writing to [NYC Health + Hospitals](#) Committee on Conduct and Practices, care of Patricia Lockhart, Secretary to the Corporation, Room 528, 125 Worth Street, New York, New York 10013.