



Patient Advisory Committee (PAC) Nomination Form

Date _____

Name of Nominee _____

Address _____

City, State, Zip _____

Telephone _____

Email _____

ESRD Facility _____

Nominated By _____

Briefly summarize the patient's CKD / ESRD history.

What is the patient's interest in or motivation for serving on the PAC?

Briefly describe the strengths the patient would bring to the committee.

Please indicate with a check the patient's involvement in the following:

_____ Renal organizations (NKF, AAPK, RSN, AFK, other)

_____ Patient education /empowerment efforts in the unit

_____ Patient rehabilitation efforts

_____ Communications, newsletters, other forms of leadership

_____ Other pertinent information

Has the patient consented to this nomination and the release of information contained on this form?

Has the patient agreed to serve if selected?

Notice: All information contained on this form will be kept in strict confidence and used only for its intended purpose.