

# 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 become an integral part of the NYC Health + Hospitals framework. Since that time CAB members, consisting of the residents, patients and community members 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 membership of each CAB is between 15-25 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 are consumers of NYC Health + Hospitals facility services and/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 representatives) or the affiliate corporate officers, and corporate employees who hold a direct supervisory position on 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 Authorized Representatives
6. Persons who are listed on the NYS Office of the Medicaid Inspector General's (NYS OMIG's) List of Excluded/Restricted or Terminated Individuals or Entities, U.S. Department of Health and Human Services Office of Inspector General's (federal OIG's) List of Excluded Individuals or Entities, or the United States General Services Administration's System for Award Management (SAM) database, and are thereby, excluded from participating in Federal health care programs, such as Medicare and Medicaid.



\_\_\_\_\_  
Last Name First Name Initial Date of Birth

\_\_\_\_\_  
Home Address Borough Zip Code

\_\_\_\_\_  
Business Name Title/Occupation

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Home Telephone Business Phone Email Address

Consumer\*  Community Board Representative  Community Representative  Employee Representative

**New Appointments:**

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:**

What committee(s) did you serve on? (Approximate dates): \_\_\_\_\_

What committee(s) did you chair? (Approximate dates): \_\_\_\_\_

What offices have you held on the CAB? \_\_\_\_\_ When? \_\_\_\_\_

**All Appointments:**

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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, or the parent of a minor who uses or has used the NYC health + Hospitals facility as his/her primary source of health care within a period of two (2) years immediately prior to his/her application/appointment to the Community Advisory Board as must be confirmed by the facility to the membership committee. (2) Is not a direct or indirect provider of health care.

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:

Gender:  Male  Female  Non-binary  Something else: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_

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. \_\_\_\_\_

**EMPLOYEE REPRESENTATIVE APPLICANTS ONLY**

Department	Dates of Election/Appointment

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, of 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: \_\_\_\_\_

**TO BE COMPLETED BY FACILITY STAFF ONLY**

Appointment Category: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Reappointment:  Yes  No

# Certification Concerning Conflicts of Interest and Compliance with Policy and Guidelines for **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 NYC Health + Hospitals' enabling act 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 and NYC Health + Hospitals Principles of Professional Conduct.

I understand that my appointment to the CAB is subject to my being cleared by the NYC Health + Hospitals, which will include a background investigation. I hereby authorize NYC Health + Hospitals to commence its clearance procedure by making any investigation of my background deemed necessary. I give NYC Health + Hospitals permission to secure all necessary personal data from governmental sources. I further agree to cooperate in all phases of the clearance procedure and, if deemed necessary, to provide additional personal information in order to complete the clearance process. Moreover, I hereby agree to hold NYC Health + Hospitals and the City of New York, its agencies, employees and agents harmless with respect to any personal claim for damages, expenses or injuries that may arise should the clearance procedure not be completed satisfactorily and my service terminated. I understand that I cannot serve as

a CAB member if I am excluded from participation in Federal health care programs or if I am debarred by the General Services Administration from any other Executive Branch procurement or non-procurement programs or activities.

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: \_\_\_\_\_

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## Examples of Potential Conflict of Interest Situations

1. A CAB candidate with a spouse who is an employee of a company that does business with NYC Health + Hospitals is ineligible for CAB membership.
2. A CAB candidate with 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 candidate 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 partners 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.