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**Application for ORPRN Advisory Board** Today’s date: Click or tap to enter a date.

**Name:** Click or tap here to enter text.

**Address:** Click or tap here to enter text. **City**: Click or tap here to enter text. **Zip:** Click to enter zip

**Email address:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Advisory Board Category** (please check one)

**Primary Care Physician or Clinician**

*Type:*

Physician

Family medicine

Internal medicine

Pediatrics

Other Enter text.

Nurse Practitioner

Physician Assistant

*Name of Practice*: Click or tap here to enter text.

*Town and County in which Practice is Located*: Click or tap here to enter text.

**Student or Resident**

*Type:*

Undergraduate

Graduate

Medical student

Resident

*Institution or School*: Click or tap here to enter text.

*Anticipated graduation date:* Click or tap here to enter text.

**Primary Care Office Staff**

*Role:*

Nurse

Medical Assistant

Office manager

Behavioral Health Provider

Care coordinator

Other Click or tap here to enter text.

*Name of Practice:* Click or tap here to enter text.

*Town and County in which Practice is Located*: Click or tap here to enter text.

**Community Partner or Patient**

*Role:*

Patient (Name of primary care office or physician: Click or tap here to enter text.)

Community Partner (Please describe: Click or tap here to enter text. )

*Town and County of practice or partner*: Click or tap here to enter text.

**ORPRN is committed to diversity and equity. If you wish to identify yourself with any under-represented group (for example, racial or ethnic groups, sexual orientation and/or gender identity groups,) please do so below**:

Click or tap here to enter text.

**If you have a CV or resume, please attach it to the application.**

**Please describe your experience and interest in serving on the ORPRN Advisory Board (limit to 500 words, please):**

Click or tap here to enter text.

Return completed forms to: [orprn@ohsu.edu](mailto:orprn@ohsu.edu)