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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