**Health Information Technology Oversight Council (HITOC)**
**Consumer Advisory Panel (CAP) Application**

Name:
Job Title:
Organization:
City:
Email:
Phone:

Please describe why you are interested in participating in the Consumer Advisory Panel (CAP).

Please describe your areas of related experience and content expertise that would assist in this process, including any experience with Health Information Technology (HIT).

Please describe the consumer interests and issues as well as the geographic, ethnic, gender, racial and economic diversity of this state that you will represent.

Please describe other successful collaborative efforts you have been involved in and how you contributed.

In addition to your own areas of content expertise, please describe what other content resources would you be able to quickly incorporate into this effort (relationships with peers, etc.):

Please confirm that if you agree to be a member of the CAP that you will commit 4 – 6 hours per month of participation for the next 2 years? Some of this time would be spent attending mandatory meetings, held quarterly or as needed. The rest would include reviewing materials and other support as needed.

**References**
Please provide at least 3 references that HITOC may contact in regards to your participation on the CAP.

Name:
Job Title:
Organization:
Email:
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