



HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

**Clinical Quality Management Ryan White Part-A
2015 Consumer Peer Reviewer Application**

Personal Information

Name

Personal Email Address

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/

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Home/Cell Phone

Date of Birth

Driver's License or State ID Number #

Home

Street Address

City

State

Zip

Demographic

Gender

- Female
- Male
- Transgender

Race

- African American/ Black
- Asian/Pacific Islander
- Caucasian/ White
- Middle Eastern
- Native American
- Other: _____

Ethnicity

- Latino/Hispanic
- Non-Latino/ Hispanic

Highest level Education completed: High School Jr. college Grad School _____ Degree

**Clinical Quality Management (CQM)
Ryan White Part-A
2015 Consumer Peer Reviewer Application**

Employment (if applicable) Used to determine availability

Position Type: Current employment status:

- Full Time
- Part Time
- Unemployed
- Volunteer / Intern

Current Employer

Work Phone

Position Title

Business E-mail

Employer Address

City

State

Zip

Emergency Contact Information:

Name & Relationship Title

Telephone Number

These questions are necessary to create a group that fully represents the community that we serve. Your responses are confidential and will only be seen by CDPH staff.

During which days are you available for assignments?

- Monday Tuesday Wednesday Thursday Friday

Have you participated in the Peer Review in the past? Yes No When _____ (Year)

[Please complete **ALL sections** to be considered for positions. Incomplete application will not be considered]

Deadline for Application Submission is Friday, July 17, 2015 by 4:00pm

Please return, Email or Mail a Completed Application and Resume to:

Bruce.Edwards@cityofchicago.org

Chicago Department of Public Health
STI/HIV Division
333 South State Street,
DePaul Center, 2nd Fl. Room 200
Chicago, IL 60604

Attn: Bruce C. Edwards, M.A. Coordinator Consumer Engagement
(312) 747-9645