

**CRDMS ADVOCACY COMMITTEE INTAKE FORM**

Applicant Name: \_\_\_\_\_

Mailing Address, City & Zip Code: \_\_\_\_\_

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

CRDMS Member: [Yes] [No]      Status: [Physician] [Fellow] [Resident] [Medical Student] [Other: \_\_\_\_\_]

Advocacy Committee Intake-

1.      Is this an administrative or legal matter? [Administrative] [Legal]
2.      Describe your advocacy concern:
  - a. Summarize, chronologically, the events leading up to this request for advocacy committee consideration.
  - b. Attach copies of any correspondence or memos related to this request. Copies attached: [Yes] [No]
3.      What is your current status with the opposing entity? [Dismissed] [In review] [On Probation] [Appeal]
4.      What action are you requesting from the CRDMS Advocacy Committee: [ Letter of Support] [Intervention] [Referral] [Financial Assistance] [Other: \_\_\_\_\_]
5.      Have you contacted legal counsel regarding your status? : [Yes] [No]
6.      Is there a deadline for your action? : [No] [Yes. Deadline date: \_\_\_\_\_]

**WAIVER & CONSENT**

I, the undersigned, clearly understand that the CRDMS Advocacy Committee (“Committee”) is composed of volunteer physicians who are serving in an advisory capacity and are not holding themselves out as lawyers. I understand that the Committee recommends that I seek the advice of an attorney regarding these matters and not rely solely on any advice the Committee may provide. I understand that all information collected by the Committee in this matter will be kept confidential and that discussion of my identity, if necessary, will only occur in a “closed” session of the Board or general meeting and only after obtaining my written consent. I understand that the Committee shall not be liable for any loss or damage that may occur as a result of my conferring with them.

I have read the paragraph above and fully understand its contents. I choose to seek the advice of the Committee and, hereby, expressly waive any right or legal action I may have against the Advocate, the Committee and against CRDMS. I sign this Waiver & Consent freely and voluntarily and with an understanding of the nature and the consequences of both.

\_\_\_\_\_  
Applicant Signature & Date

\_\_\_\_\_  
Committee Member Signature & Date

\_\_\_\_\_  
Applicant Name (Please print)

\_\_\_\_\_  
Committee Member Name (Please print)