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Application Instructions: Thank you for your interest in serving on the California Perinatal Quality Collaborative (CA-PQC) Advisory Council. Please review the [preview application PDF](#) before beginning your application. Please complete the application in full. All questions are required. Incomplete applications may delay the review process and could impact eligibility. Applications close September 25, 2026 at 11 p.m. PST.

Provide as much detail as needed to help the review team understand your experience, role, and interests. Be sure to review your responses before submitting. Once submitted, your application cannot be reopened for editing. The application works best in up-to-date versions of Chrome, Edge, or Firefox. To save your progress and finish later, click "Next page" at the bottom of the page before closing your browser, and return using the same browser and device. Submission does not guarantee membership; all applicants will be notified of their status following the review period. If you have questions about the application or the PQC Advisory Council, please reach out to info@CaliforniaPQC.org.

General Applicant Information

Name

Title

Organizational affiliation

Pronouns

Email address

Phone number

General Agreement Information

If selected to join the Advisory Council, are you able to commit to the following availability:

	Yes	No	Maybe
Attend virtual orientation	☐	☐	☐
Attend quarterly, virtual 90-minute meeting (3), and one in-person (financial travel assistance available for those not supported by employer)	☐	☐	☐
Attend virtual ad hoc meetings or workgroup meetings as needed	☐	☐	☐

A conflict of interest does not necessarily disqualify you. Please disclose any conflicts of interest or potential conflicts of interest

that may occur in the event of a formal affiliation with CA-PQC as an advisory board member. *If selected to serve on the CA-PQC Advisory Council, you may be asked to disclose any financial holdings or interests*

Are you employed by any of the following entities?

- ☐ Stanford University
- ☐ CA-PQC
- ☐ State of California
- ☐ Vendor of any of the following entities: Stanford University, CA-PQC, and/or State of California
- ☐ No

Are you willing to sign and comply with a Non-Disclosure Agreement (NDA) reflecting that you will maintain the confidentiality of any information learned and discussed about CA-PQC through the course of your work performed on behalf of the organization?

Yes

☐

No

☐

Maybe

☐

Applicant Demographics and Experience

What region of the state do you represent or work in, according to the [Regional Perinatal Programs of California map](#) (please open the map to identify your region)?

- ☐ North Coast – East Bay
- ☐ Northeastern
- ☐ Mid-Coastal
- ☐ Central San Joaquin Valley – Sierra Nevada
- ☐ Southern Inland Counties
- ☐ San Diego and Imperial Counties
- ☐ Orange County

How would you describe the area you serve?

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Frontier

In five sentences or fewer (750 characters) detail any additional organizational affiliations you hold, including professional associations, as well as community engagement activities, or

participation in social service organizations that you would like us to know about.

Have you had any previous involvement with California Perinatal Quality Care Collaborative (CPQCC) or California Maternal Quality Care Collaborative (CMQCC)? If yes, when and in what capacity?

Which populations do you have experience serving? Check all that apply.

- ☐ Black
- ☐ Hispanic
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian and Pacific Islander

- ☐ Asian
- ☐ White
- ☐ Low-income populations
- ☐ Low educational attainment
- ☐ Uninsured or underinsured individuals
- ☐ Medically underserved communities
- ☐ People with perinatal mental health needs
- ☐ Individuals with substance use disorder
- ☐ Youth
- ☐ Individuals experiencing housing instability
- ☐ People with disabilities and/or complex medical needs
- ☐ Children and youth with disabilities and/or complex medical needs
- ☐ Immigrant or refugee populations
- ☐ Individuals with limited English
- ☐ LGBTQ+

Other

☐

Which roles best represent you and what you bring to the Advisory Council? List up to 5.

- ☐ Clinician – Clinical Perinatal; Clinical Allied: Non-Perinatal
- ☐ Community care provider
- ☐ Community and social service organization
- ☐ Person with lived experience

- ☐ Consumer organizations
- ☐ State and local health agency
- ☐ Funder
- ☐ Quality improvement expert

What type of clinician?

Please identify the care setting where you perform your work.

- ☐ Hospital
- ☐ Outpatient clinic
- ☐ Academic
- ☐ FQHC
- ☐ Tribal Health Clinic
- ☐ Community
- ☐ Other

What type of provider (i.e. doula, CHW, social worker, etc.)?

Please identify the care setting(s) where you perform your work.

- ☐ Hospital
- ☐ Community clinic
- ☐ Academic
- ☐ FQHC
- ☐ Tribal Health Clinic
- ☐ Community
- ☐ Other

Which of these skills do you bring to the Advisory Council?

- ☐ Community engagement
- ☐ Program implementation/implementation science
- ☐ Strategic planning
- ☐ Use of data to prioritize work
- ☐ Facilitation
- ☐ Bridge building
- ☐ Networking
- ☐ Emotional intelligence
- ☐ Systems awareness/navigation
- ☐ Equity and systems alignment

- ☐ Quality improvement
- ☐ Interdisciplinary communication
- ☐ Stakeholder engagement
- ☐ Regulatory expertise
- ☐ Public programs knowledge
- ☐ Resource management
- ☐ California's maternal and perinatal health ecosystem
- ☐ Population health management
- ☐ Medi-Cal and public health programs
- ☐ State and federal regulations
- ☐ Clinical workflows across hospital, outpatient and community settings
- ☐ Collaborative leadership
- ☐ Health system levers and financing

Years of experience on advisory boards (working groups, councils, and similar entities).

- ☐ 0-12 months
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6+ years

In 500 words or fewer (3,500 characters max), please address the following:

a. Your knowledge and understanding of California perinatal

health issues.

- b. Your experience with 1) collaboration and 2) serving on advisory boards, councils, or similar entities.
- c. Your vision for bridging the work of CA-PQC with your work and network.
- d. Your vision for maximizing equity and improving outcomes for maternal health populations in California.
- e. Your experience with strategic planning and visioning.



In 5 sentences or fewer (750 characters max), what signature contribution would you bring to the CA-PQC? Please describe the specific expertise, lived/personal experiences, or guiding principles that consistently shape your work or impact in your community?



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