



**Trillium**  
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

## GLOBAL QUALITY IMPROVEMENT COMMITTEE INTEREST FORM

Thank you so much for expressing interest in participating in Trillium's Global Quality Improvement Committee (GQIC)! We appreciate your willingness to take the time to commit to this committee.

Please know that our committee may be full at this time. We ask that you complete this brief interest form so we can find the most appropriate representative when we do have a committee opening. It is important that we continue to have a diverse membership to represent the different disability groups and regions encompassed by Trillium.

<b>Name:</b>		<b>Date</b>	
<b>Which group(s) do you represent?</b>	<div><input type="checkbox"/> I/DD Provider</div> <div><input type="checkbox"/> I/DD Provider of ICF/IDD Facility</div> <div><input type="checkbox"/> Adult Mental Health Provider</div> <div><input type="checkbox"/> Child Mental Health Provider</div> <div><input type="checkbox"/> Substance Use Provider</div> <div><input type="checkbox"/> Member of Provider Council</div> <div><input type="checkbox"/> LIP/Outpatient Provider</div> <div><input type="checkbox"/> Hospital</div> <div><input type="checkbox"/> Integrated Care</div> <div><input type="checkbox"/> LTSS Committee</div> <div><input type="checkbox"/> CFAC</div> <div><input type="checkbox"/> Other:</div>		
<b>If you represent a provider, what is your agency name?</b>			
<b>Which Trillium <a href="#">region</a> do you represent? Please include your county.</b>	<div><input type="checkbox"/> Northern</div> <div><input type="checkbox"/> North Central</div> <div><input type="checkbox"/> South Central</div> <div><input type="checkbox"/> Southern</div> <div><input type="checkbox"/> Mid-State</div> <div>County Represented:</div>		
<b>Which disability group(s) do you represent?</b>	<div><input type="checkbox"/> MH</div> <div><input type="checkbox"/> SU</div> <div><input type="checkbox"/> I/DD</div> <div><input type="checkbox"/> TBI</div>		

<p>Attach resume or include a brief description or biography of your education and experience:</p>	
<p>Additional Information you would like to share:</p>	

Please return this form to [QMinfo@TrilliumNC.org](mailto:QMinfo@TrilliumNC.org)