## MATERNAL MORTALITY REVIEW TEAM APPLICATION

The Maternal Mortality Review Team is composed of multi-disciplinary health and health care professionals, all of whom are representing professional organizations that are involved in some aspect of the delivery of health care and other services to pregnant women in Wisconsin. The Team strives to be a body with equal representation from health care professional organizations in the state involved in obstetrical health care and public health. The Team also attempts to obtain a community representative.

| Name and Credentials             |               |
|----------------------------------|---------------|
|                                  |               |
| Address                          |               |
|                                  |               |
| Phone Number                     | Email Address |
|                                  |               |
| Employer                         |               |
|                                  |               |
| Organization                     |               |
|                                  |               |
| Brief Curriculum Vitae or Resume |               |
| Document attached                |               |
| Reason(s) for Applying to Join   |               |
|                                  |               |

List your potential contributions to the maternal mortality review team.

**OPTIONAL:** The Maternal Mortality Review Team is committed to broad membership inclusion, embracing the idea that a diverse member representation improves the Team as it reviews cases from a number of perspectives. Specifically, the Team seeks professional, geographical, economic, gender, racial and ethnic diversity. Please let us know how your potential membership will contribute to the Team's diversity.

## **Team Composition Requirements**

Recruitment of new members occurs as needed. Factors to be considered for Team membership include the credentials and experience of any prospective member, willingness to commit to serving on the Maternal Mortality Review Team, and geographic location. Interested individuals must complete this application which will be reviewed by the Executive Committee. By signing this application you are committing to participate in scheduled team meetings, should you be invited to join the review team.

**SIGNATURE** – Applicant

Date Signed