**WCAAP Equitable Care Workgroup:**

**Application Questions**

1. Name (First, Last)

2. Clinic or Hospital Name

3. Your practice type/specialty

4. Preferred email address

5. Preferred phone number

6. Why are you interested participating in this work group? How do you feel you would be able to contribute to the work of the Equitable Care Workgroup, and advance principles of health equity?

7. Please describe any effort(s) you have been directly involved in to advance quality of care for underrepresented, under-resourced, and/or marginalized youth in a clinical setting, or any effort(s) you have contributed toward, to make health care more welcoming and responsive to families of color.