

Minnesota Region 10 Quality Assurance Commission Application

Name: _____

Address: _____

Email Address: _____

Phone: _____

How are you connected with Quality Assurance?

- Person receiving services
- Advocate
- County staff
- State staff
- Family member
- Provider
- Other _____

Please list 2 Personal references:

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Phone: _____ **Phone:** _____

Briefly tell us about yourself and why you would like to be considered to serve on the Quality Assurance Commission:

Date: _____ **Signature:** _____

Please return the application to:

Karen M. Larson, Conference and Outreach Coordinator

12 6th Street NW Faribault, MN 55021; qakaren@msn.com; 507-330-0179

If you have any questions please contact me at any time.

Thank you so much for considering this wonderful opportunity.