

Jackson County Free Health Clinic Physician Volunteer Application

Date: _____

NAME: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

Fax: _____

Occupation: _____

Emergency Contact: _____

For Medical Personnel (Please provide dates)

Tetanus: _____ Hepatitis B Series _____

History of Chicken Pox: _____ PPD _____

PLEASE PROVIDE COPY OF LICENSE

License State _____ Number _____ Expiration date _____

Current employer _____

Hospitals where you have current privileges _____

Medical Education _____

Medical Specialty _____ Degree _____ Year _____

Name, address, phone number for 3 physician references currently in practice in the KC metro area

Please answer the following questions.

Have your privileges at any hospital been denied, suspended, revoked or not renewed, or is there any action pending in that case. Yes No

Have you been involved in any liability action, or is there action pending in such a case? Yes No

Have you been charged or convicted of a drug related misdemeanor or felony, or is there action pending in such a case? Yes No

Have you been asked to make any reform or compromise in connection with the Drug Enforcement Administration., or is there action pending in such a case? Yes No

Have you been censored by any hospital, County/state, medical society or is there action pending in such a case? Yes No

Has there been any restriction in your state licensure, or is there action pending in such a case? Yes No

Do you have a physical or emotional condition, including alcohol or drug dependence, which may affect or is likely to affect your ability to perform your professional duties? Yes No

ACDEPTANCE OF APPOINTMENT

I hereby accept appointment to the volunteer medical staff of Jackson County Free Health Clinic. I agree to abide by the rules and regulations of the clinic. All information submitted by me in this application is true to the best of my knowledge and beliefs.

I agree to maintain the utmost professional behavior and to abide by the laws and duties regarding patient privacy.

Signature of Applicant

Date