



## Licensed Independent Practitioner VOLUNTEER APPLICATION

**Check one:**  Dentist  Physician  Nurse Practitioner  Physician Assistant  Professional Counselor

**Applicant Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

**Email** \_\_\_\_\_

**SS#** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

How did you hear about the Free Health Care Center volunteer program? \_\_\_\_\_

### Undergraduate Education

College Attended \_\_\_\_\_

Address of College \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

### Professional School (if different from undergraduate)

Professional School Name \_\_\_\_\_

Address \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Degree \_\_\_\_\_

### Residency and Fellowship Training

Residency Program \_\_\_\_\_

Address \_\_\_\_\_

Year of Graduation \_\_\_\_\_ Specialty \_\_\_\_\_

Board Certified:  Yes  No Date of Expiration: \_\_\_\_\_

Fellowship Training (if applicable) \_\_\_\_\_

Date of Fellowship Training \_\_\_\_\_

### License and Malpractice Information \*\*\*Please attach a copy of your license\*\*\*

Active  Volunteer

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Any malpractice claims against you currently or in the past 10 years?  Yes  No

Has your license been revoked or suspended for any reason?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Have you ever had your hospital privileges suspended, or are you presently being investigated for any reason?  Yes  No

**If you answered "Yes" to any of the above, briefly explain the case and outcome on separate paper and attach.**

**Employment History**

Please attached resume (required).

And, please provide current employment information, if applicable:

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Start Date \_\_\_\_\_

**CPR Certification**

Please provide a copy of your current CPR certificate, if applicable.

**Immunization Status and Testing**

Copy of TB test (PPD) with results, (must be within one year) \_\_\_\_\_ Date \_\_\_\_\_

Copy of Hepatitis-B testing with results.

**Photo ID**

Please include a copy of your driver’s license or other government issued photo ID with this application.

**Clearances**

All volunteers are required to submit the following clearances:

- **Criminal Background Check**  
A current criminal background check, directions attached.
- **Child Abuse Clearance**  
A current Child Abuse Clearance, directions attached.
- **Act 31 Certificate, Recognizing and Reporting Child Abuse**

**Clinical Privileges Application**

A Clinical Privileges Application form is attached. Please complete and return with your Volunteer Application.

**Emergency Information**

Contact Name and Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Applicant’s Signature**

I certify that the above information is true and accurate. I certify that I am healthy and fit to perform the work requested of me.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMPLETE ALL FORMS and return by mail or in person at the address on the CHECK LIST**

*Thank you for your interest in the Catholic Charities Free Health Care Center.*



## **Licensed Independent Practitioner Volunteer Applicant CHECK LIST**

- \_\_\_ Volunteer Application
- \_\_\_ Work Resume
- \_\_\_ Copy of your Pennsylvania professional license. The license must be active or current volunteer status. Please let us know if you need information about volunteer status.
- \_\_\_ Copy of current TB (PPD) report. Results must be within one year.
- \_\_\_ Copy of Hepatitis-B report, proof of testing.
- \_\_\_ Copy of current CPR certification, if applicable.
- \_\_\_ Copy of driver's license or other government issued photo ID.
- \_\_\_ Criminal Background Check, directions attached.
- \_\_\_ Child Abuse Clearance certificate, directions attached.
- \_\_\_ Act 31 certificate (recognizing and reporting child abuse).
- \_\_\_ Privileging Form.

**COMPLETE ALL FORMS and return by mail or drop them off at the address below.**

**Catholic Charities Free Health Care Center  
Volunteer Coordinator Office  
212 Ninth Street, Pittsburgh, PA 15222**

**Volunteer Coordinator Office: 412-456-6977**