

MATTHEWS FREE MEDICAL CLINIC
HEALTHCARE PROVIDER APPLICATION

NAME: _____ DATE: _____

DATE OF BIRTH: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____

HOME ADDRESS: _____

CELL TELEPHONE: _____

EMAIL ADDRESS: _____

*DEA #: _____

NPI#: _____

*NORTH CAROLINA MEDICAL LICENSE #: _____

YEAR ISSUED: _____

(*Please attach a copy of your Malpractice, DEA, and License)

*CURRENT MALPRACTICE POLICY #: _____

(*Please attach a copy of your Malpractice, DEA, and License)

PRACTICE SPECIALITY: _____

ARE YOU BOARD CERTIFIED? _____

*If yes, please attach a copy of the last certificate awarded.

EDUCATION HISTORY:

Medical School: _____

Dates: _____

Internship: _____

Dates: _____

Residency: _____

Dates: _____

PROFESSIONAL FELLOWSHIP FOR THE LAST 10 YEARS:

*Please list any time spent away from the practice of medicine

1. NAME OF INSTITUTION: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____

DATES: _____

POSITION: _____

2. NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____

DATES: _____

POSITION: _____

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3. NAME: _____
OFFICE ADDRESS: _____
OFFICE PHONE: _____
DATES: _____
POSITION: _____

CONTINUING MEDICAL EDUCATION:

Please list all CME courses taken in the last 12 months. (Dates, Course, CAT 1 Credit Hours)

_____	_____
_____	_____
_____	_____

CHARACTER QUESTIONS:

1. Have you ever been charged with or alleged to have committed unprofessional conduct, professional incompetence, negligence, or malpractice in a criminal or civil proceeding? _____

*If yes, please provide the complete details on a separate piece of paper.

2. Have there ever been any charges, complaints, or grievances filed, formally or informally, with any licensing authority in any state, province, territory, or jurisdiction against you, regardless of outcome? _____

*If yes, please provide the complete details on a separate piece of paper.

3. Has any professional liability claim ever been filed against you or paid on your behalf? _____

*If yes, please provide the complete details on a separate piece of paper.

4. Have you ever had your professional liability insurance revoked or denied renewal? _____

*If yes, please provide the complete details on a separate piece of paper.

5. Have you ever been suspended from practice, placed on probation, had privileges revoked, disqualified, disciplined, denied permission to take an examination for any license, allowed to resign, or voluntarily surrender your license to avoid disciplinary action in any state by a licensing authority? _____

*This is including, but not limited to, any informal or confidential disciplinary orders, consent orders, agreed orders, or letters of warning.

*If yes, please provide the complete details on a separate piece of paper.

6. Have you ever been denied or required to surrender a federal or state controlled substance registration certificate? _____

*If yes, please provide the complete details on a separate piece of paper.

7. Have you ever been arrested, charged, or convicted for a crime other than a minor traffic violation?

*If yes, please provide the complete details on a separate piece of paper.

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How Did You Hear About The Matthews Free Medical Clinic?

Have You Ever Volunteered For Another Non-Profit Medical Organization? _____

If so, where? _____

I Would Be Available To Volunteer At The Matthews Free Medical Clinic:

_____ Weekly _____ Monthly _____ Every 2 Months

I Could Be Called As A Last Minute Fill In _____

PHYSICIAN SIGNATURE _____

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PROFESSIONAL REFERENCES

PLEASE LIST 3 NAMES AND ADDRESS FOR PROFESSIONAL REFERENCES:

All information will be kept confidential

1. Name: _____
Address: _____
Phone #: _____ (H) _____ (W)
Relationship to Volunteer _____

2. Name: _____
Address: _____
Phone #: _____ (H) _____ (W)
Relationship to Volunteer _____

3. Name: _____
Address: _____
Phone #: _____ (H) _____ (W)
Relationship to Volunteer _____