819 Georgiana St., Port Angeles, WA 98362 • (360) 457-4431 • opcclinic.org

Volunteer Providers Application

Medical and Dental

Name:

Address:

City, State, Zip:

Email:

Preferred Phone #:

Cell Phone # (If Different than above):

Please enclose a resume or curriculum vitae as well as a copy of any current licenses, DEA certificates or other relevant certifications with this application.

Social Security Number:

NPI #

Date of Birth:

ALL PROVIDERS TO COMPLETE THIS SECTION
Medical (MD, DO, NP, PA)
DENTAL (DDS)

Credentials:

Medical or Dental Specialty:

How long have you been practicing?

WA License #:

DEA#:

Fluent in another language? Yes No If yes, which?

MALPRACTICE INSURANCE: We strongly encourage all providers to sign up for the free malpractice insurance provided through Washington Healthcare Access Alliance for Volunteer and Retired Providers (Application attached). Our volunteer coordinator can assist you in this process.

Should you decline the VRP malpractice coverage, please send documentation of your existing malpractice coverage which shows both the validity dates and that it covers you while you are volunteering at OPCC. You will also be responsible for providing us with updates when any changes or renewals are made to your malpractice coverage.

Please check one:

_____ I will apply for the VRP malpractice coverage (https://www.tfaforms.com/4743992)

_____ I decline VRP malpractice coverage. I understand I am responsible for verifying that my current malpractice covers my work at OPCC, and that I am responsible for providing OPCC with any changes or renewals to my malpractice coverage.

Signature: Date:

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