



HIPAA & Release Completion Date: \_\_\_\_\_  
 Background check \_\_\_ WATCH Letter Sent \_\_\_\_\_  
 Volgistics \_\_\_\_\_ Phoenix \_\_\_\_\_  
 Medical: Sent to Credentialing Date: \_\_\_\_\_  
 Resource: Sent to Spiritual Care Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 Last First Middle (Required)

Mailing: \_\_\_\_\_  
 Address City State Zip

Phone: \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_ (Home)

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Name Relationship Phone

**Education:**

**Last Job/Work Experience:**

Employer Position Held Dates Worked

Have you ever been convicted of any criminal offense including, but not limited to, drugs, theft or inflicting bodily, sexual or emotional injury? Yes ( ) No ( )  
 If so, what are the details and outcome?

**MEDICAL VOLUNTEERS:** MD/DO ( ) PA ( ) ARNP ( ) RN ( ) LPN ( ) MA ( )

Other (please specify): \_\_\_\_\_

Professional License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please, provide a copy of your license/certification and CV/Resume with this application. You will need to apply for free VRP insurance prior to starting orientation through this link: <https://www.tfaforms.com/4743992>

**I hereby certify that the above is true and complete to the best of my knowledge. By submitting this application, I authorize HHMO and its representatives to investigate and verify any and all of the information, including a criminal background check, education verification, license verification and National Provider Data Bank query.**

**It is the policy of HHMO to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age or disability.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_