

APPLICATION AND APPROVAL FORM
(to be completed within 72 hours of applicant presentation)

Date/Time: _____

A. Identifying Data

Name of Volunteer Licensed Independent Practitioner: _____

Specialty: _____

Name of Agency Represented (if applicable): _____

Signature of Applicant: _____ Date: _____

B. Core Information for Temporary Disaster Privileges – Temporary disaster privileges may be granted upon presentation of **any** of the following. Photocopies should be obtained if possible.

Core Element	Documentation	Verified
Valid Government-issued photo identification; and a valid, current professional license to practice in the State of California, or if the practitioner has been deployed by the Federal government (e.g., expert physician from the CDC or other government agency, or a physician member of a Disaster Medical Assistance Team or MRC, ESAR-VHP, or other response group), a valid professional license to practice in the practitioner’s home state; or	<u>Photo ID</u> <u>License</u>	
Current hospital-issued photo identification that clearly identifies professional designation; or		
Identification by a current Hospital or Professional Staff member who possesses personal knowledge regarding the volunteer’s ability to act as a licensed independent practitioner during a disaster		

Temporary disaster privileges granted by:

Name: _____ Signature: _____ Date: _____

C. Additional information

- Practitioner issued appropriate Medical Staff security identification? Yes No
- Practitioner assigned to medical staff member to collaborate in care of disaster victims? Yes No
Name of Medical Staff member: _____
- Service assignment/chief: _____ Triage assignment: _____

D. Additional verifications:

Information	Documentation	Verified
Drug Enforcement Agency registration		
Certificate of malpractice insurance, except for practitioners deployed by the Federal government who are covered by the Federal Tort Claims Act		
List of hospital affiliations where the practitioner holds active staff privileges, or evidence of government agency employment		
National Practitioner Data Bank		

E. If primary source verification is not completed within 72 hours of the practitioner's arrival due to extraordinary circumstances:

1. Reason verification could not be performed within 72 hours of the practitioner's arrival

2. Evidence of the licensed independent practitioner's demonstrated ability to continue to provide adequate care, treatment, and services

3. Evidence of an attempt to perform primary source verification as soon as possible
