



GEORGIA DEPARTMENT OF PUBLIC HEALTH
GEORGIA VOLUNTEER HEALTH CARE PROGRAM
CONTRACT APPLICATION



Application type: Individual Clinic Corporate

SECTION I – HEALTH CARE PROVIDER INFORMATION

Provider Name: (Last) (First) (MI) Date:

Address: (Street) (City) (State) (Zip)

Phone Number: Email:

Occupation: Credentials: Specialty:

State of Georgia License Number:

The Georgia Department of Public Health (DPH) recommends that providers affiliated with a Professional Association (P.A.), Professional Corporation (P.C.), or a Limited Liability Corporation (L.L.C.) complete Section II of this application to request a separate contract extending sovereign immunity protection to the association/corporation.

Please indicate if you would like a separate sovereign immunity protection contract for the P.A., P.C., or L.L.C. with which you are affiliated.

Yes No Not Applicable (Not affiliated with a P.A., P.C. or LLC)

If "Yes" is selected, please proceed to complete Section II. If not, please proceed to read Section III, Notification to Applicant. You have completed all required sections. Thank you for your time.

SECTION II – REQUEST FOR CONTRACT WITH AFFILIATED ASSOCIATION/CORPORATION

Name of Professional Association/Corporation/Limited Liability Corporation (i.e., incorporated clinic):

State of Georgia Corporation Control # through the Secretary of State's Office:

Name & Title of Corporate Officer/Representative with Contract Authority:

Corporation Address: (Street) (City) (State) (Zip)

Phone Number: () Web Site (If available):

SECTION III – NOTIFICATION TO APPLICANT

To protect patients and clinics participating in the Georgia Volunteer Health Care Program (GVHCP), a routine check of each applicant's professional license is conducted through the appropriate state licensing board. In addition, all applicants are screened through the U.S. Office of Inspector General to confirm nonexistence of Medicare or Medicaid sanctions.

Verification/Credentialing

Individual Provider

License Exp Date _____

Current Georgia Health Care Professional License? Yes No

License Status "Clear and Active"? Yes No

Any Medicare or Medicaid Sanctions? Yes No

Corporate Provider

Active Georgia Professional Association? Yes No

Any Medicare or Medicaid Sanctions? Yes No

Volunteer Clinic Information
(Only applicable to applicants volunteering at a clinic site)

Clinic Name (where provider will volunteer if other than private practice): _____

County: _____ Region #: _____

Verification/Credentialing

Completed By: _____
Signature of GVHCP Regional Volunteer Coordinator or Program Director

Date