DEPARTMENT OF STATE HEALTH LICENSING DIVISION P O BOX 2649 HARRISBURG, PA 17105-2649

Telephone: (717) 787-8503 Fax: (717) 787-7769 Website: www.dos.pa.gov

VOLUNTEER LICENSE APPLICATION

- 1. Complete the following form, attach the official letter and read the regulations. A fee is not required.
- 2. A Volunteer License is "a license issued by the appropriate board to a health care practitioner who documents, to the board's satisfaction, that the individual will practice only in approved clinics, or upon referral from approved organizations, without remuneration, who is:
 - a) A retired health care practitioner; or
 - b) A non-retired health care practitioner who is not required to maintain professional liability insurance under the act of March 20, 2002 (P.L. 154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act, because the health care practitioner is not otherwise practicing medicine or providing health care services in this Commonwealth."

NAME:			
(LAST)	(FIRST)		(MIDDLE)
OTHER NAMES USED:			
ADDRESS:			
ADDRESS: (NUMBER & STREET	C) (CITY)	(STATE)	(ZIPCODE)
SOCIAL SECURITY NUMBER:	DATE	OF BIRTH:	
			(MM/DD/YYYY)
ADDRESS OF CLINIC OR ORGANIZA	TION:		
(NUMBER & STREET)	(CITY)	(STATE)	(ZIPCODE)
LICENSE TYPE:	PA LICENSE NUMBER:		
(One per application)	(If unal	le to provide lic	cense number, contact
	Board o	office for instruc	tions)

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	(LAST)	(FIRST)	(MIDDLE)
	PLICANT must meet on eck one):	e of the following criteria in o	rder to apply for a volunteer license
	A non-retired license in this Commonweal		ntly practice or provide health care services in professional liability insurance under the
I CE	ERTIFY THAT I INTE	ND TO PRACTICE ONLY:	
		VED CLINIC OR ORGANIZARSONAL REMUNERATION	ATION, AND FOR PROFESSIONAL SERVICES.
appi in th orga	roved clinic or organiza ne named clinic or org mization. If you change	ation that states you have bee anization by the governing b	director or chief operating officer of aren authorized to provide volunteer services ody or responsible officer of the clinic or ase submit an updated letter to the Board number.
Boar Enfo to co Serv licen for t	rd to comply with the re- orcement, as implemented poperation of governmen- ices (DHS), the licensin- usee, including the social	equirements of the Federal Social in the Commonwealth of Pertand nongovernment agencies) g boards must provide to DH security number. In addition, Social the reporting requirements of	is application is <u>mandatory</u> in order for the cial Security Act pertaining to Child Support ansylvania at 23 Pa. C.S. §4304.1(a) (relating At the request of the Department of Human S information prescribed by DHS about the Social Security Numbers are required in order of the U.S. Department of Health and Human
		VERIFICATIO	N
infor	rmation and belief. I und L.S. §4904 (relating to	lerstand that any false statements unsworn falsifications to authors.	and correct to the best of my knowledge ents made are subject to the penalties of 18 norities) and may result in the suspension that this form is in the original format as
revo supp awar	lied by the Department re of the criminal penalti	of State and has not been alte	red or otherwise modified in any way. I am ecords or information pursuant to 18 Pa.C.S.

Rev: 01/2016

Printed Name of Applicant