



Clínica Amistad
A Project of Amistad y Salud

Clínica Amistad Licensed Provider Volunteer Application

Clínica Amistad's entirely volunteer staff has been providing integrative health care free of charge to the uninsured in the Tucson community without access to medical services since 2003. Clínica Amistad is a project of Amistad y Salud (meaning "Friendship and Health"), a 501(c)3 organization. Our primary goal is to provide quality health care to our clients, who are typically working families and seniors with low incomes and no health insurance. Without Clínica Amistad, most of our patients would be unable to afford either the necessary diagnostic laboratory tests or the medications required to ensure their good health.

All new volunteers must commit to at least two Wednesdays or Thursdays a month for six months

Name: _____

Email Address _____

Mailing

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Fax# _____

Cell # _____

Birth date: _____

Clínica Amistad is open Wednesdays and Thursdays from 5:30-9:30pm and the first Saturdays of Every month 10am-2pm.

Your Availability:

___ Clinic sessions/month (5:30pm-9 pm)

Preferred days _____

Current Basic Life Support Certified?

___ NO

___ YES, Expiration Date _____

Spanish Bilingual ___ NO ___ YES

Person to notify in event of emergency:

Name _____

Relationship _____

Phone #'s _____

Professional Training:

Past Professional Practice(s): *Please use additional sheet if needed*

NPI# _____

PROFESSION:

___ Physician ___ MD ___ DO

___ Nurse Practitioner: Dispensing privileges?

___ YES ___ NO

___ Physician Assistant

Supervising Physician: _____

___ Registered Nurse

___ CNA

___ Pharmacist

___ Acupuncturist/Chinese Medicine

___ Massage Therapist

___ Social Worker

___ Psychotherapist

___ Chiropractor

___ Reiki

___ Other _____

Specialty/Area of Practice

Board/Specialty Certification:

___ YES ___ NO ___ ELIGIBLE ___ N/A

Area _____ year: _____

Area _____ year: _____

Medical Malpractice Insurance(optional):

(Insurer)

(Expiration Date)

Current Licensure:

State ___ active ___ inactive ___ restricted ___ pro-bono

State ___ active ___ inactive ___ restricted ___ pro-bono

If your professional status changes, please inform the Admin Coordinator or Medical Director

Have you ever been subject to disciplinary action by a professional State Board? ___ NO ___ YES

Describe _____

Have there been or are there currently pending, any malpractice claims, suits, or settlements or arbitration proceedings or complaints filed involving your professional practice within the past five (5) years?

___ NO ___ YES: (Describe nature of incident, date, outcome and insurance company for the claim).

Professional Preferences:

YES NO
___ ___ Infants < age 2
___ ___ Children age 2-6
___ ___ Children age 6-12
___ ___ Adolescents 12-16
___ ___ Adults > age 16
___ ___ Supervision Students/Residents

Note: We don't currently see patients under age 12 but we may start pediatrics in the future.

Other Limitations/Preferences:

Do you have any physical/health limitations/conditions that could impact patient care?
___ No ___ Yes (Describe)

TB (Tuberculosis) skin testing (recommended yearly) and Tetanus/Diphtheria vaccine (recommended every 5 years) are available for all volunteers (Strongly Recommended). The Hepatitis B vaccine series is highly recommended but not required.

I certify that the information provided above is accurate. I understand I have the right to terminate my volunteer status at any time for any or no reason, as long as I do not terminate in a fashion that jeopardizes a particular patient; and Clínica Amistad has the right to terminate my volunteer status for any or no reason at any time.

Signature _____ Date _____

Professional Liability Status:

The Arizona Revised Statute (12-571) states: "A health professional, as defined in section 32-3201, who provides medical or dental treatment within the scope of the health professional's certificate or license at a nonprofit clinic where neither the professional nor the clinic receives compensation for any treatment provided at the clinic is not liable in a medical malpractice action, unless such health professional was grossly negligent."

Physicians/Nurse Practitioners/Physician's Assistants: attach copies of the following:

- Current AZ driver's license or passport with picture identification
- Arizona professional license/certificate to practice
- DEA certificate (if applicable)
- Professional Liability certificate of insurance (minimum \$1 million per occurrence) – if applicable
- BCLS/CPR card (if required by your state professional license)
- Current resume

Others: attach copies of the following:

- Current AZ driver's license or passport with picture identification
- Arizona professional license to practice
- BCLS/CPR card (if required by your state professional license)
- COVID Vaccine card
- Current resume

Send completed application to: Attn.:

Pat Ferrer, Medical Executive Committee, Clínica Amistad,

P.O. Box 27284, Tucson AZ 85726-7284

Or scan and email to Nicole Glasner, Executive Director: exec@clinicaamistad.org