

APPLICATION FOR INDEPENDENT CONTRACTOR AGENT REPRESENTATION

Please print or type and enclose a copy of your Curriculum Vitae/Resume

.....IDENTIFYING INFORMATION.....

First _____ M.I. _____ Last _____ Preferred Name _____
 Professional Suffixes (MD, RN, LCSW) _____ Specialty: _____ Email Address: _____
 Current Address (Street, City, State, Zip) _____
 Mailing Address (if different from current address): _____
 Phone (Home) _____ Phone (Office) _____ Phone (Cell) _____
 Emergency Contact Name _____ Emergency Contact Phone Number _____
 Bilingual? Yes _____ No _____ If yes, please specify the language(s) _____

.....LICENSURE.....

I have licensure in the following states	Enclose license copies				Number	Type
	Year Issued	Current	Inactive	Pending		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

.....CERTIFICATIONS.....

Federal Narcotics Registration (DEA) number (Enclose copy) _____ Expiration Date _____
 Certified by American Board of (Name) _____ Date Certified _____
 Eligible for American Board of Name _____ Date Eligible _____
 Have you obtained Cardiopulmonary Resuscitation Certification OR attended a refresher course in the past two years? Yes _____ No _____
 If yes, certified by (AHA or Red Cross) _____ Expiration Date _____
 Location of Training Session _____ Date Attended _____

.....MEDICAL MALPRACTICE LIABILITY INSURANCE BACKGROUND.....

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, PLEASE PROVIDE DETAILS ON A SEPARATE, ATTACHED SHEET.

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|---|----------------|
| 1. Have you ever been refused a professional license? | Yes [] No [] |
| 2. Have you ever failed a licensing examination? | Yes [] No [] |
| 3. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? | Yes [] No [] |
| 4. Have you ever been called before any licensing board or professional association in connection with practice act violation or unethical conduct? | Yes [] No [] |
| 5. Have you ever been cited by any licensing agency on grounds for revocation or suspension of a professional license? | Yes [] No [] |
| 6. Are you now or have you ever been the defendant in any malpractice case? | Yes [] No [] |
| 7. Have you ever had a claim filed against you for Medical Malpractice? | Yes [] No [] |
| 8. Have you ever been refused membership to a hospital medical staff? | Yes [] No [] |
| 9. Has your request for any specific clinical privileges ever been denied or granted with stated limitations? | Yes [] No [] |

I am the person herein described and identified; that the answers to the accompanying questions and statements made in this application are true and correct; that I am the lawful holder of the degrees listed; and that such degrees were procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all hospitals, institutions or organizations, my references, personal associates, and all government agencies to release to Solvere or its designated representative any information, files or records requested by Solvere in connection with the processing of this application. I further authorize Solvere to release to hospitals or medical groups any information which is material to my application.

I have carefully read the questions in the accompanying Independent Contactor's Request for Agent Representation and have answered them completely, without reservation of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct and understand this is a self employed independent contractor relationship.

Signature of Applicant _____ Date _____