

Professional Licenses Information:

Professional Title: _____ Any Specialties: _____

Professional Licenses Numbers: _____

Professional Affiliations (Hospitals, Clinics, Private Practice, etc.):

Present Employer: _____

Position Held: _____ Address: _____

Do you Carry Malpractice Insurance? Yes No
(circle answer)

Do you have any Special Needs or Physical Limitations that you would like us to know?
Yes No (If Yes, please explain in the remarks section)

Have you ever been convicted of a Crime? Yes No

Skills/ Experience:

Languages Spoken/Written: _____

(Circle all that apply)

- ICS Command or General staff EOC Operations Supervisory
- Warehouse/stock Site Planning Public Information/Press Relations Social Media
- Photography Training/Educator Fire Fighter Data Entry Dietitian
- Safety Officer Call Taker Records Management IT networking/Software
- Finance Host/Hostess Event Planning/Management

Hobbies: (Print)

Anything else you think we can use: (Print)

Signature: _____ **Date:** _____

I certify by this signature that all the information contained in this application and any accompanying material is true.

Parent or Guardian Signature: _____

Phone Number: _____ email: _____

**Complete and return this form to:
The Medical Reserve Coordinator
124 Main St, Goshen NY 10924
Or
mrccordinator@orangecountygov.com**

Application Review

Applicants Name: _____

Date review started: _____

Staff level: Licensed Medical: _____ Non-Licensed Medical _____
(send to Risk Management or verify via state Ed.)

Verification of professional license(s):

Verifier: _____ Date: _____

Type License found: _____ Expiration Date: _____

Were any recent disciplinary actions against this license found? Yes No

If Yes, explain: _____

Reviewers:

MRC Coordinator: _____ Date: _____

Deputy Commissioner of Health: _____ Date: _____

Commissioner of Health: _____ Date: _____

Accepted: Yes _____ Date: _____
No _____ Reason: _____

Applicant Notified of results by: _____ Date: _____

Phone ___ Email ___ Regular mail ___