EDWARD R. LEAHY JR. CENTER
CLINIC FOR THE UNINSURED

A PARTNERSHIP WITH THE UNIVERSITY OF SCRANTON

VOLUNTEER PHYSICAL THERAPY PROFESSIONALS INITIAL INFORMATION

A. Personal Data

Name:

B. Educational/Training History: (Please begin with the most recent)

Institution/location	Degree	Dates attended
Institution/location	Degree	Dates attended
Institution/location	Degree	Dates attended
Institution/location	Degree	Dates attended

C. Volunteer Interest

I would like to volunteer at theI the75 s55e2 (I)11y9 (k)10-2 (I t)-Ceter edtTeeoeeoreo 5y9 (k)10s5.d 2 (rt)-Crtetted

D. Professional Data

Pennsylvania License # and expiration date:_________________________________

Board Certified? Yes No

Name of Board and expiration date:______________________

Teaching positions (past, present), if any:

E. Other Information:

1. Have you ever been convicted of a misdemeanor or felony? **Yes No**
2. Are you aware of any circumstances which may affect or are likely to affect your ability to perform your professional duties? Yes No
3. Have your privileges at any hospital been denied, suspended or revoked or not renewed, or is any such action pending? Yes No
4. Have you been censored by any hospital, county/state, medical society, is or any such action pending? Yes No
5. Has your malpractice insurance ever been denied or cancelled? Yes No
6. Are there any restrictions on your state license, in the past or present, or is any such action pending? Yes No
7. Have you been involved in any professional claims, suits, settlements or judgments, or are any such actions pending? Yes No

If the answer to any of these 7 questions is YES, explain below or attach additional pages.
Allegations:

Specialty Involved:
Action taken:

Final outcome:

Volunteer Agreement: Release of Information

1. Professional liability insurance: I authorize and consent for the Leahy Center Clinic to obtain from my liability insurance carrier any and all information regarding insurance coverage, premiums, claims and suits against me as well as settlements or judgments made on my behalf.

2.