

Name _____

Date _____

**AME Service And Development Agency
in cooperation with the AMEC Connectional Health Commission Health Care
Professional Volunteer Registration**

[https://www.surveymonkey.com/s/AME Health Care Professional Volunteer Registration Form](https://www.surveymonkey.com/s/AME_Health_Care_Professional_Volunteer_Registration_Form)

Please complete the Disaster Volunteer Registration Form

Professional Licensure, Certification, Specialties, Experience

1) Name on License/Certificate

License/Certificate Number

State/Province on License

License Type

Status

Specialty and subspecialty within the above professional licensure/certification that you possess

2) Name on License/Certificate

License/Certificate Number

State/Province on License

License Type

Status

Specialty and subspecialty within the above professional licensure/certification that you possess

3) Name on License/Certificate

License/Certificate Number

State/Province on License

License Type

Status

Specialty and subspecialty within the above professional licensure/certification that you possess

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Experience: Do you have any of the following skills?

- | | |
|--|--|
| <input type="checkbox"/> DC (Doctor of Chiropractic) | <input type="checkbox"/> Surgical Technician |
| <input type="checkbox"/> DCM (Doctor of Chiropractic Medicine) | |
| <input type="checkbox"/> DDS, DMD (Dentists) | <input type="checkbox"/> PharmD (Doctor of Pharmacy) |
| <input type="checkbox"/> DO (Doctor of Osteopathy) | <input type="checkbox"/> Pharmacy Assistant |
| <input type="checkbox"/> DPM (Podiatrist) | <input type="checkbox"/> Pharmacy Technician |
| <input type="checkbox"/> DVM (Veterinarian) | <input type="checkbox"/> Registered/Licensed Pharmacist |
| <input type="checkbox"/> MD (Medical Doctor) | |
| <input type="checkbox"/> OD (Optometrist) | <input type="checkbox"/> Certified/Licensed Social Worker (CSW, LCSW, other) |
| <input type="checkbox"/> PA (Physician's Assistant) | <input type="checkbox"/> Marriage and Family Therapist |
| | <input type="checkbox"/> Medical Record and Health Information Technicians |
| <input type="checkbox"/> CRNA (Nurse Anesthetist) | <input type="checkbox"/> Mental Health Counselor |
| <input type="checkbox"/> LPN (Licensed Practical Nurse) | <input type="checkbox"/> Mental Health Social Worker |
| <input type="checkbox"/> NP (Nurse Practitioner) | <input type="checkbox"/> Mental Health Therapist |
| <input type="checkbox"/> Nurse Midwife | <input type="checkbox"/> Social Worker (BSW, MSW) |
| <input type="checkbox"/> Nursing Assistant/Patient Care Associate | <input type="checkbox"/> Substance Abuse Social Worker |
| <input type="checkbox"/> RN (Registered Nurse) | |
| | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> Cardiovascular Technologists and Technicians | <input type="checkbox"/> Epidemiologist |
| <input type="checkbox"/> Dental Technician | <input type="checkbox"/> Health Educator |
| <input type="checkbox"/> Diagnostic Medical Sonographers | <input type="checkbox"/> Health Officer |
| <input type="checkbox"/> EMT (Emergency Medical Technician) | <input type="checkbox"/> Health Planner |
| <input type="checkbox"/> Funeral Director/Mortician | <input type="checkbox"/> Industrial Hygienist |
| <input type="checkbox"/> Informational Technologist (IT) | <input type="checkbox"/> Microbiologist |
| <input type="checkbox"/> Laboratory Technician | <input type="checkbox"/> Pastoral Care Professional |
| <input type="checkbox"/> Medical and Clinical laboratory Technologists | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> PT/OT (Physical or Occupational Therapist) | <input type="checkbox"/> Public Information Officer |
| <input type="checkbox"/> Paramedic | <input type="checkbox"/> Student of the Health Professions, please specify |
| <input type="checkbox"/> Radiology Technician | <input type="checkbox"/> Translator/Linguist |
| <input type="checkbox"/> Respiratory Therapist | |

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Training/Continuing Education

Have you completed any training or continuing education programs in the following areas? If so, please check.

- | | |
|--|---|
| <input type="checkbox"/> Advanced Cardiac Life Support (ACLS) | <input type="checkbox"/> Hazardous Materials Training (HAZMAT) Biological |
| <input type="checkbox"/> Advanced Trauma Life Support (ATLS) | <input type="checkbox"/> Hospital Preparedness |
| <input type="checkbox"/> Basic Cardiac Life Support (BLS) | <input type="checkbox"/> Incident Command Training (ICS) |
| <input type="checkbox"/> Basic Disaster Life Support (BDLS) | <input type="checkbox"/> Isolation and Quarantine |
| <input type="checkbox"/> Bloodborne Pathogens | <input type="checkbox"/> Mental Health Training for Disasters |
| <input type="checkbox"/> CBRNE Training | <input type="checkbox"/> Pediatric Advanced Life Support (PALS) |
| <input type="checkbox"/> Citizen Emergency Response Team (CERT) Training | <input type="checkbox"/> Triage |
| <input type="checkbox"/> CPR/AED | <input type="checkbox"/> Vaccination administration smallpox |
| <input type="checkbox"/> Exercise design and evaluation | <input type="checkbox"/> Vaccination administration |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Venipuncture |
| <input type="checkbox"/> Fit Testing for Particulate Respirators | <input type="checkbox"/> Weapons of Mass Destruction (WMD) Training |

Question	Yes	No	Comment
Are you willing to travel and volunteer outside of your county?	<input type="radio"/>	<input type="radio"/>	
Are you willing to participate in an AME-SADA/AME-CHC coordinated emergency response?	<input type="radio"/>	<input type="radio"/>	
Willing to provide translation service?	<input type="radio"/>	<input type="radio"/>	
Do you have ability to communicate using sign language?	<input type="radio"/>	<input type="radio"/>	
Have you been immunized against Smallpox?	<input type="radio"/>	<input type="radio"/>	
Year of most recent smallpox vaccination			
Do you have any special needs or restrictions? If so, please explain.	<input type="radio"/>	<input type="radio"/>	
Are you committed to any other organization or institution, by virtue of employment or volunteerism, in the event of a public health emergency? If yes, explain.	<input type="radio"/>	<input type="radio"/>	
Do you have particular expertise and agree to be available for consultation or response throughout the state?	<input type="radio"/>	<input type="radio"/>	
Has your professional license or certification ever been suspended or revoked in any state or province?	<input type="radio"/>	<input type="radio"/>	

Return this completed form to:
Dr. Miriam Burnett, Medical Director
AMEC Connectional Health Commission

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Email: mburnett@raphainc.net