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

Please complete the Disaster Volunteer Registration Form

**Professional Licensure, Certification, Specialties, Experience**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Name on License/Certificate</td>
<td>License/Certificate Number</td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td></td>
<td>State/Province on License</td>
<td>License Type</td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td></td>
<td>Specialty and subspecialty within the above professional licensure/certification that you possess</td>
<td></td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2)</td>
<td>Name on License/Certificate</td>
<td>License/Certificate Number</td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td></td>
<td>State/Province on License</td>
<td>License Type</td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td></td>
<td>Specialty and subspecialty within the above professional licensure/certification that you possess</td>
<td></td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3)</td>
<td>Name on License/Certificate</td>
<td>License/Certificate Number</td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td></td>
<td>State/Province on License</td>
<td>License Type</td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td>____________________________</td>
</tr>
<tr>
<td></td>
<td>Specialty and subspecialty within the above professional licensure/certification that you possess</td>
<td></td>
</tr>
<tr>
<td></td>
<td>____________________________</td>
<td></td>
</tr>
</tbody>
</table>
Experience: Do you have any of the following skills?

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

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

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

Question

Are you willing to travel and volunteer outside of your county?
Are you willing to participate in an AME-SADA/AME-CHC coordinated emergency response?
Willing to provide translation service?
Do you have ability to communicate using sign language?
Have you been immunized against Smallpox?
Year of most recent smallpox vaccination
Do you have any special needs or restrictions? If so, please explain.
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.
Do you have particular expertise and agree to be available for consultation or response throughout the state?
Has your professional license or certification ever been suspended or revoked in any state or province?

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

PO Box 669934  Marietta, GA 30066
Fax  (480) 393-4755
Email: mburnett@raphainc.net

rev 1-30-10