



Medical Reserve Corps of El Paso County Application

Full Name: _____

Applying for: Medical Support____ Clinical____ (requires verification)

Professional designation/degree: _____ Name (as it appears on License) _____

License Type: _____ Licensing Board: _____ License Number: _____

Date of Birth: _____ (Mo/Day/Year) (for license confirmation)

Area of training/specialty: _____

Driver's License Number: _____ Expiration Date: _____

(attach a copy of your license to this application form)

The following information will be used only by appropriate authorities for notification in an emergency. If you agree to participate, this data will be entered into the EPCHDE Automated Notification System.

24-7 telephone #: _____ Cell #: _____

Office back line #: _____ Home telephone #: _____

Fax #: _____ Email address: _____

Mailing Address: _____ City _____ CO Zip _____

Home zip code: _____ Office zip code: _____

It is understood that your availability will be contingent on your personal and professional responsibilities. If you belong to multiple volunteer organizations, to which organization is your primary response obligation? _____

What would be your primary response site (i.e., hospital, long-term care, alternate care facility, etc). _____

1. Return this form to MRCEPC at above address or fax to (719) 591-5649 **with a copy of your driver's license and professional license/certification.**

2. Applicants signature*: _____ Date: _____

***Your signature on this application authorizes MRC to obtain a background check for use specifically as a MRC volunteer.**

- For Office Use Only -

DORA or appropriate licensing/certification agency is current and in good standing as of: _____ (date reviewed)

Application was reviewed and approved by Credentials Committee member representing specialty

(Name) _____ (representing specialty) _____

Driver's License received

Background check received

MRC Credentials Committee Approval by: _____ On: _____

Badge # assigned: _____ Badge issued on: _____ By: _____

Information entered in MRC database on: _____ Information sent to EPCHDE on: _____