Out of State Volunteer
Volunteer and Retired Providers Program Malpractice Application

Please answer all questions, sign and return this application to:

Washington Healthcare Access Alliance, VRP Program
PO Box 7242 Tacoma, Washington 98417
Tel: 267-713-9422 Fax: (206) 260-8859
Email: vrp@wahealthcareaccessalliance.org

Applicant Demographics

Applicant Name		☐ Male ☐ Female
Date of Birth	Professional Designation	
Professional License Number	State in which license was issued	
Physical Address		
City	State	Zip Code
Email	Phone	

Practice & Rating Information

Date volunteer service begins (mm/dd/yyyy)

Name of clinic that you will be volunteering **(must be a VRP approved site)**

Speciality that you will practice

1. I have filled out and submitted the volunteer attestation on the Department of Health's website: https://fortress.wa.gov/doh/opinio/s?s=VOLATT	☐ Yes	☐ No
2. I attest that I hold a License in another US jurisdiction in a profession substantially equivalent to a profession regulated by a disciplining authority listed in RCW 18.130.040. The license must be a current, active license. I further attest that I am not presently subject to any disciplinary action or investigation for criminal or professional misconduct in any jurisdiction.	☐ Yes	☐ No
3. I understand that I may not exceed 30 days of volunteer practice in any calendar year. A separate attestation is required for each calendar year in which I intend to volunteer.	☐ Yes	☐ No
4. I understand that I must submit an attestation on the Department of Health's website at least 10 working dates before the volunteer practice begins.	☐ Yes	☐ No
5. I understand that I may not charge for my professional services as a volunteer provider in Washington State.	☐ Yes	☐ No
6. I certify that I have read and understand the scope of practice for my profession in my US jurisdiction of license as well as the scope of practice in Washington State. I agree that I will not exceed the scope of practice and will meet all supervision requirements for Washington State or my US jurisdiction, whichever is more restrictive.	☐ Yes	☐ No

Professional Profile Questions

1. Have any complaints ever been filed against you with a governmental agency, medical or professional society, or other medical entity? ☐ Yes ☐ No
2. Have you ever been subject to a governmental agency, medical or professional society, or other medical entity's disciplinary proceedings or reviews, or have you ever been notified of intent to pursue such action? ☐ Yes ☐ No
3. If "Yes," did the proceedings or review result in reprimand, censure, sanction, or modification or your practice, either voluntary or involuntary, or are you currently the subject of an administrative proceeding or review by such agency or society? ☐ Yes ☐ No
4. Have you ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses? ☐ Yes ☐ No
5. Has any professional liability insurance carrier ever declined, cancelled, refused renewal, or issued coverage on special terms (premium surcharge, deductible, etc.), or have you ever been notified of impending action of this nature? ☐ Yes ☐ No
6. Have you ever been diagnosed with, been treated for, or are currently being treated for alcoholism and/or chemical dependency? ☐ Yes ☐ No
7. Has any claim or suit for alleged malpractice ever been brought against you or your professional corporation? ☐ Yes ☐ No

If you answer 'yes' to any questions above, please provide full details for **all** claims even if they have been closed for no payment. Attach a separate sheet if necessary.

Date of Incident	Patient Name
Amount Paid	
Allegations	
For any negative responses, please explain	

If filling out this form electronically, please sign the following page by hand:

I understand that I will only perform non-invasive care as defined by:

- Non-invasive care includes the administration of injections, suturing of minor lacerations, and the incision of boils and superficial abscesses. Obstetric care and procedures coded as surgery are not covered under noninvasive medical care. Non-invasive dental care includes diagnosis, oral hygiene, restoration and extraction.
- Orthodontia, and surgical treatments are not covered by VRP malpractice insurance.

Please Initial: _____

Authorization and Release (please read carefully)

I acknowledge that as a condition precedent to acceptance of this application and any future renewal thereof, an inquiry and investigation of my professional background, qualifications and competence, including such other underwriting or claim matters as are deemed relevant, may be conducted by Physicians Insurance or its duly authorized representatives. I expressly consent to any such inquiry and investigation and hereby authorize the release and exchange of information pertaining to such inquiry and investigation between any professional organizations in which I am or have been a member, their insurance consultants or agents, any hospitals at which I hold or have ever held staff privileges or have had an application for staff privileges denied, any state licensing agency, any of my attending or treating physicians, the Washington Physicians Health Program, any prior insurance carriers, prior employers or professional associates and Physicians Insurance or its duly authorized representatives. I hereby release and discharge the providers of information, Physicians Insurance, its duly authorized representatives and the members or consultants of any established peer review committees from any and all legal liabilities which might otherwise be incurred as a result of any communications, reports, disclosures and recommendations made or any acts performed, in good faith, in connection with any inquiry or investigation initiated by Physicians Insurance or its duly authorized representatives. I agree to notify Physicians Insurance immediately, in writing, if there are any changes from which I have described in this application, including changes in my practice, in my partners or associates, medical license, professional office premises, practice locations, medical procedures or administrative responsibilities and hospital privileges. I understand that Physicians Insurance does not cover any liability of another person or organization with whom I assume an oral or written contract or agreement.

Signature Date

A photocopy of this Authorization shall be considered as effective and valid as the original.

Washington State law requires us to inform you of the following:

It is a crime to knowingly provide false, incomplete, or misleading information to a insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.