VOLUNTEER HEALTH SERVICES

FLAGLER COUNTY FREE CLINIC FLAGLER COUNTY, FL

VOLUNTEER HEALTH CARE PROVIDER PROGRAM (VHCPP)

APPLICATION for SOVEREIGN IMMUNITY CONTRACT

Provider's Full Name:_____
(LAST) (FIRST) (MI)

Address:_____
(Street) (City) (State) (Zip)

Phone Number: (_____)_____ E-mail Address:_____
(Include Area Code) (Optional)

Occupation: _____Specialty:_____ FL License Number:_____

It is recommended by the Department of Health that individual providers, applying for a VHCPP contract for sovereign immunity protection, and who are affiliated with a Professional Association, (P.A.)/Group, also establish a Sovereign Immunity contract to protect the P.A/Group and its employees.

Please indicate if you would like a Corporate contract if you are affiliated with a P.A/Group.

CHECK APPROPRIATE RESPONSE, SIGN AND DATE THE FORM

Yes_____ No _____
(If Yes, please complete the following information)

Signature:_____ ***Date:***_____

P A/Group Corporation Name:_____

Printed Name of Corporate Officer/Director with Contract Authority:_____

Business Address: _____
(Street) (City) (State) (Zip)
Mailing Address (if different from above address):_____

Phone Number: (_____) _____-_____ FEI or Document Number:_____

IN ORDER TO PROTECT CLIENTS A ROUTINE CHECK OF THE FLORIDA MEDICAL LICENSE AND CORPORATION NAME WILL BE MADE THROUGH THE FLORIDA DEPT OF HEALTH MEDICAL QUALITY ASSURANCE AND/OR THE FLORIDA DIVISION OF CORPORATIONS

License/Corporation Verification (for DOH use only)

Individual
Current Florida Health Professional License? Yes _____ No _____
License Status "Clear and Active? Yes _____ No _____

Corporation:
Active and Registered Florida Corporation? Yes _____ No _____

Verification Completed By: _____ _____
(Signature of VHCPP Regional Coordinator) Date

This completed application can be mailed to Lori Thompson, Department of Health, 200 San Sebastian View, St. Augustine, FL 32084, or **emailed** to Lorraine.Thompson2@FLHealth.gov
Be sure to indicate if you **do or do not** want a contract for your Professional Association.

Revised 3/5/18