



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



AGREEMENT TO PROVIDE VOLUNTEER SERVICES FOR LOUISIANA RESIDENTS

This agreement is between the State of Louisiana through the Department of Health and Hospitals (hereafter referred to as "DHH") and _____ (hereafter referred to as "Volunteer"). (PRINT NAME CLEARLY)

Volunteer agrees to provide services to the State of Louisiana through DHH. The Volunteer agrees and understands that he/she will not receive monetary compensation for his/her services for disaster response.

DHH agrees to accept the services of volunteer without monetary compensation being paid to volunteer.

DHH and volunteer agree that volunteer to the extent allowed by law is an employee of DHH for the limited purposes of indemnification, immunity, and worker's compensation medical (but not weekly disability payments) benefits for any actions that may arise in the course and scope of volunteer's assigned duties.

DHH and volunteer further agree that the volunteer's service may be immediately terminated by DHH or volunteer.

If the volunteer is providing services within their given discipline and scope of practice, by signing this agreement, the volunteer verifies that s/he has current credentials and/or professional licenses for which credit has been claimed. **The site address, dates of service and services to be provided are:**

Site Address:

St. Anna's Mobile Medical Mission
1313 Esplanade Ave.
New Orleans, LA 70116

Lower 9th Ward Clinic
5228 St. Claude Ave.
New Orleans, LA 70117

Dates of Service : From: ____/____/200__ To: ____/____/200__

Services To Be Provided: (Please Circle One) Medical Services Nursing Services

Description of Services:

_____ Screening, assessment, counseling, treatment, simple procedures and referral of persons seeking medical care (mental or physical health) as allowed by training and licensure of staff

Profile of Volunteer: The following information shall be provided with this signed agreement.

Validated Credentials and Level Classifications	Physicians	Registered Nurses	Behavioral Health Personnel
Level 1			
Degree	Required	Required*	Required
Unencumbered License	Required	Required	Required
Certification/ Specialization	Required	Required	Required
Active Clinical Practice/ Privileges	Required	Required	Required
Disaster Training	Preferred	Preferred	Preferred
Level 2			
Degree/ Diploma	Required	Required*	Required
Unencumbered License	Required	Required	Required
Certification/ Specialization	Required	Required	Required
Disaster Training	Preferred	Preferred	Preferred
Level 3			
Degree/ Diploma	Required	Required*	Required
Unencumbered License	Required	Required	Required
Specialization (Non-certified)	Not applicable	Required if applicable	Not applicable
Disaster Training	Preferred	Preferred	Preferred
Level 4			
Occupation	Required	Required	Required
Professional School and Year (X of Y)	Required	Required	Required if applicable
Disaster Training	Preferred	Preferred	Preferred
Secondary Validation (All Levels)			
National Practitioner Databank Status	Required	Not applicable	Not applicable
DEA License Verification	Required	Not applicable	Not applicable
Inspector General Status**	Required	Not applicable	Not applicable

Definitions:

Degree/ Diploma - relative amount of degree or intensity of competence of a given discipline or given course of study; determined by accredited agency and/or organization which identifies the given level of competency to be attained/ maintained.

Unencumbered License – latitude of action and restraints granted by an authorized body to practice a specified profession.

Certification/ Specialization – fulfillment of specified requirements that evidence knowledge over certain process or program.

Active Clinical Practice/Privileges -specific right granted to certain providers to admit patients to a hospital(s).

Disaster Training – any type of training received within the past two years geared towards disaster response.

VOLUNTEER:

Signature: _____

Print name: _____

Date: _____

DHH REPRESENTATIVE:

Signature: _____

Print name: _____

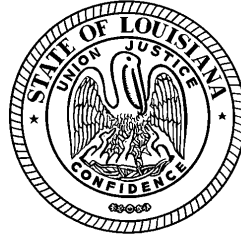
Date: _____

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS
(LSBME)

Main Phone: (504) 568-6820 (auto attendant)

Merian Gasper, Director of Licensing (504) 568-6824

Telefax: (504) 599-0503



Temporary Permit

APPLICATION AND INSTRUCTIONS

(010906)

Visit the LSBME website at www.lsbme.louisiana.gov

Physical Address:

630 Camp Street, New Orleans, LA 70130

Permitting Process:

- A. Physician must submit to the board:
 - 1. **A Driver's license** or other form of ID (note: include a copy of any professional forms of ID, *i.e.* MD wallet card or state medical license).
 - 2. **A completed DHH form** *Statement for Purposes of Malpractice Liability Coverage*, including:
 - a. the DHH assigned work site(s);
 - b. dates of assignment (no more than 60 days);
 - c. the form must be signed by an authorized DHH representative.
 - 3. A completed application identifying at least one other state in which the applicant holds a current, unrestricted license to practice medicine and such additional information as may be required by the board.
- B. Following verification of licensure status, and satisfactory completion of the application process, the applicant shall appear and present his ID to the board or its designee for purposes of verification and permit issuance.

