

Genesis World Mission Garden City Community Clinic

Supplemental Application for Physicians/Physician Assistants/Nurse Practitioners/Dentists/Pharmacists

Name:(Last, First M.I.)

Professional Information

Medical School	Degrees Received
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Board Certification	Date Awarded
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Medical License	Date Expires
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Drug Enforcement Agency Administration #	Date Expires
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Residency and Fellowship Training

Residency Location	Inclusive Dates
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Fellowship Location	Inclusive Dates
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I affirm that in performing any volunteer function that requires a medical license in the State of Idaho, that I am currently licensed and that my license has neither been revoked nor suspended. I promise that should it become suspended, revoked or lapsed that I will notify Genesis World Mission within 30 days and will not be able to volunteer for those responsibilities anymore.