

DOCTOR APPLICATION

GLOBAL MEDICAL STAFFING, LTD.

Instructions: This application is an adjunct to a thorough resume. Please complete and sign this application and attach a full resume (i.e. a resume containing full details of your work history, professional affiliations, training, credentials and experience). Attach additional sheets as needed in order to address all questions thoroughly.

BASIC INFORMATION

FIRST NAME:	LAST NAME:
DATE OF BIRTH:	CITIZENSHIP:
CURRENT ADDRESS1:	BUSINESS ADDRESS1:
CURRENT ADDRESS2:	BUSINESS ADDRESS2:
CITY:	CITY:
STATE/PROVINCE:	STATE PROVINCE:
COUNTRY:	COUNTRY:
ZIP/POSTAL CODE:	ZIP/POSTAL CODE:
HOME PHONE:	BUSINESS PHONE:
MOBILE PHONE:	FAX: (IF AVAILABLE)
EMAIL ADDRESS:	SOCIAL SECURITY #: (IF APPLICABLE)
MEDICAL SCHOOL ATTENDED	GRADUATION YEAR:
DATE AVAILABLE:	DURATION AVAILABLE:
SPECIALTY:	

MEDICAL REGISTRATIONS - Please list *all* medical registrations (licenses) you have obtained or are obtaining.

State/Province & Country	Registration or License #	Date Issued	Current Status Of License

PROFESSIONAL REFERENCES - A total of **five** references are **required**. Two of these references must be in your field of specialization and three of the references must have worked with you within the past few months.

Name Of Reference (Title or Field of Specialization)	Home Number	Work Number
1.		
2.		
3.		
4.		

PAST 5 YEARS EXPERIENCE – the following is required in order for us to obtain medical registration for you.

Dates	Practice Name/Location	Practice Contact	Reference Phone Number

QUESTIONS - Please answer each question below by marking the appropriate column to the right of the question. Attach explanations with supporting documentation for any affirmatively answered questions.

	YES	NO
1. Have you ever been or are you now the subject of any medical defense (malpractice) claims, incidences or allegations? If yes, please explain:		
2. Have you ever been or are you now the subject of any criminal investigations, allegations or charges? If yes, please explain:		
3. Are you now or have you ever been under the supervision of a doctor for any emotional, psychological or other conditions or illnesses which might have an impact on your performance as a doctor? If yes, please explain:		
4. Are you now or have you ever been the subject of any investigations, sanctions, revocations or suspensions of your medical registrations (licenses) or prescribing authority? If yes, please explain:		
5. Have you ever been denied membership in or privileges at or otherwise been investigated, sanctioned or reprimanded by any medical institution, society or association? If yes, please explain:		
6. Do you or any family member who will accompany you have any illnesses or disabilities that might preclude you from receiving a foreign visa on medical grounds? If yes, please explain:		
7. Have you ever, voluntarily or involuntarily, surrendered or withdrawn an application for hospital privileges, medical registration (licensure) or membership to any medical college, society or association? If yes, please explain:		
8. Are you now or have you ever been addicted to any drugs or alcohol? If yes, please explain:		
9. Are you HIV or HEP B positive? If yes, please explain:		

I have completed the application and answered all of Global Medical Staffing's (GMS) questions to the best of my ability. I swear that the information that I have provided is true and correct. I understand that any

misrepresentation made by me may result in the immediate termination of any contractual relationship I form with GMS as well as the retroactive termination of the medical defense funds (malpractice insurance).

I authorize GMS to speak to my references, research my background, and share any information obtained with GMS clients and any medical licensing boards. I agree to hold GMS harmless from any liability whatsoever related to these processes. I further agree to hold the Federation of State Medical Boards (FSMB) harmless from any liability whatsoever for the provision of information to GMS and/or for GMS's subsequent use of such information.

I recognize that Global Medical Staffing's (GMS) business depends on preserving its network of clients and doctors. To this end, GMS has expended considerable amounts of time, money, and energy. Recognizing GMS's investment, I agree not to introduce other doctors to the locations GMS provides to me. I also agree not to go around GMS by accepting any type of employment position at a location where GMS presents my CV for consideration for a position, or provides me with information (verbally, in writing or by any other means). Should I go around GMS, in contradiction to this agreement, and establish any type of employment relationship, for myself or for any other doctor, I agree that GMS is entitled to a 15% placement fee (typically paid by the hospital or practice).

YES NO

		I agree to these terms.
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Applicant's name: _____ Date: _____

Applicants Signature: _____