

GLOBAL MEDICAL STAFFING APPLICATION

Instructions: This application is an adjunct to a thorough curriculum vitae (CV). Please complete and sign this application and attach a full CV (i.e. a CV 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

Full Name (as it appears on your passport):		Date/Place of Birth:	Citizenship:
Address:			
	Best time to reach you?	Email Address:	
Home Phone:	Business Phone:	Fax:	
Mobile Phone:	Medical School of Graduation/Year:	Social Security # (if applicable):	
Specialty:	Date Available:	Duration Available:	

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

State/Province & Country	Registration or License #	Date Issued	Expiration Date

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

Name Of Reference	Field of Specialty	Phone Number	Email Address
1.			
2.			
3.			
4.			
5.			

GENERAL INTEREST

How did you hear about Global Medical Staffing?
Why are you interested in taking an assignment with us?
Which countries or geographic areas interest you and why?
Are you interested in moving permanently?
What are your major concerns?
Are you qualified to work in the U.S.?

QUESTIONS - Please answer each question below by marking the appropriate box to the right of the question. Attach explanations with supporting documentation for any "Yes" or "Pending" answered questions.

	YES	NO	PENDING
1. Has your Medical License in any state, Country, or other jurisdiction ever been denied, limited, suspended, revoked, placed on a probationary status, or been subject to any other adverse action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your Medical License currently under any supervision, restriction or other formal or informal limitation by any US or foreign federal, state or other governmental or professional regulatory agency or authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been requested to appear before or been investigated by any US or foreign federal, state or other governmental or professional regulatory agency or authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever voluntarily surrendered any license or other certification of any kind, relating to the practice of medicine, while under investigation or threat of investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have either your clinical privileges or staff membership at any healthcare facility ever been denied, limited, suspended, revoked, or subjected to any other adverse action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever resigned, voluntarily relinquished, or not renewed your clinical privileges at any hospital or other healthcare organization while under investigation or threat of investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have any professional liability, malpractice, or medical defense actions; i.e. claims and/or lawsuits, been taken against you? If yes, how many? Describe all actions, including any that were dropped with no payment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever been denied coverage, cancelled or referred to the high-risk pool for professional liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been convicted of, plead guilty to, accepted deferred adjudication in relation to, or been on probation for a felony or misdemeanor (excluding minor traffic violations that were not drug or alcohol related)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. <u>US Doctors Only:</u> Have you ever had any administrative sanctions or been suspended or excluded from participation in Title 18 (Medicare) or Title 19 (Medicaid) or ANY other insurance program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. <u>US Doctors Only:</u> Has your DEA Certificate or State Controlled Substance registration ever been denied, limited, suspended, revoked, or subjected to any other adverse action?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. 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?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have you ever discontinued or interrupted practice for three months or more for any reason (other than routine vacation, formal education/training, or maternity/paternity leave)?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Are you now or have you ever been addicted to any drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are you HIV or HEP B positive? (Required for International Work Visa only)	<input type="checkbox"/>	<input type="checkbox"/>	
16. Please describe (on a separate sheet) any events, actions, or issues, not specified in questions 1-15 that might be of concern to prospective employers or hospitals, including illnesses or disabilities that might affect your ability to obtain an International Work Visa.			

I have answered all questions to the best of my ability. I swear that the information 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 any malpractice insurance obtained on my behalf.

I authorize GMS to speak to my references, research my background, character and qualifications to practice medicine, including malpractice history, with any college, university, medical school, residency or fellowship program, hospitals or other medical practices or institutions, state or national licensing boards, American Board of Medical Specialties, American Medical Association, American Osteopathic Association, National Practitioner Data Bank, the Federation of States Medical Boards, DEA, malpractice carriers and associated attorneys, all US or foreign federal, state or local government agencies and instrumentalities and any other pertinent source. I authorize GMS to 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 entities or persons listed above 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 its customary placement fee.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____