



Volunteer Health Care Provider Program (VHCPP)

CONTRACT APPLICATION

Clinic's Name Emmanuel Project Project of Northeast Florida County St. Johns

Clinic's Address 445 Town Plaza Ave. Ponte Vedra, FL 32081

Provider Name: (Last) (First) (Middle) Date:

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

Phone Number: (Area code) e-mail:

Occupation: FL License Number:

Individual providers applying for a VHCPP contract for sovereign immunity protection that are affiliated with a Professional Association (P.A.), the Florida Department of Health recommends a sovereign immunity contract be established to protect the P.A.

Please indicate if you would like a contract for the P.A. you're affiliated with.

Yes No Not Applicable (P.A. currently contracted)

Name of Professional Association:

FEI or Document Number:

Name of Corporate Officer/Director with Contract Authority:

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

Phone Number: ()

Signature: Date:

To protect clients, a routine check of the corporation's name and provider's professional license will be made through the Florida division of corporations and the Florida DOH Division of Medical Quality Assurance.

License/Corporation Verification (For DOH Use Only)

Individual

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

Corporation

Active Florida Professional Association? Yes No N/A

Verification Completed By: Signature of VHCPP Regional Coordinator Date