

Volunteer Retired Providers Program

PROVIDER CERTIFICATION

To authorize license renewal payment as a participant in the Volunteer Retired Providers Program **please return this signed certification with your license renewal form and request for license payment PRIOR to the expiration date to:**

Volunteer Retired Providers Program
Department of Health, Office of Community Health Systems
P.O. Box 47853
Olympia, Washington 98504-7853

I, (Please print) _____, certify that during the time that this license is in effect:

1. **I will not receive remuneration for the practice of health care, either as an independent practitioner or as an employee at this clinic or any other clinic.**
2. I will provide care to low income patients, regardless of their ability to pay.
3. My health care services are limited to:
 - a. Non-invasive care services, as defined by the legislation authorizing this program. _____
Initials
 - b. Obstetric care is not available with this program. _____
Initials
4. I certify that I have completed all continuing education/competency required for my license renewal and will furnish documentation upon request.
Number of continuing education/competency hours _____
5. I am a **New Provider** with the VRP Program requesting License Renewal. **Yes** **No**

My professional license number _____ *My renewal date* _____

Provider Signature _____ *Date*

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Phone: _____

I will be providing volunteer services at clinic(s) which is/are Volunteer Retired Provider Program approved sites:

Clinic(s)

Signature of Clinic Manager or Volunteer Coordinator _____ *Date*

Please renew your license early! The VRP program will not pay any late or reissuance fees. All providers are personally responsible for late renewal penalty fees or expired license reissuance fees. Questions related to the Volunteer Retired Providers Program, License Renewal and/or Malpractice Insurance contact Kelly Copp at Western Washington AHEC Kelly@wwahec.org or 206-441-7137.