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# Contact Information

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## Section I - Contact Information

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Role	First Name	Last Name	E-mail	Phone Number	Fax Number
Executive Director	April	Cook	reitester1@hotmail.com	(704)316-6611	(704)316-6612
Medical Director	David	Cook	reitester1@hotmail.com	(704)507-3507	
Risk Management Coordinator	April	Cook	reitester1@hotmail.com	(704)316-6611	(704)316-6612
FTCA Contact	April	Cook	reitester1@hotmail.com	(704)316-6611	(704)316-6612

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Name	Address	Phone	Fax	Email	Site Type	Executive Director's Name	Executive Director's Phone	Medical Director's Name	Medical Director's Phone	Days/Hours of Operation
No records found										

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# Sponsoring Free Clinic Eligibility

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## Section III - Sponsoring Free Clinic Eligibility

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Section III - Sponsoring Free Clinic Eligibility

- The sponsoring free clinic is a registered nonprofit organization. (Please attach documentation if an Initial Applicant)**  
 Yes  No  
If No, then Explain  
Comments:
- The sponsoring free clinic and its health professionals comply with the statutory and Program definitions relative to covered individuals as set forth in PIN 2011-02.**  
 Yes  No  
If No, then Explain  
Comments:
- The free clinic does not accept reimbursement from any third-party payor (including but not limited to reimbursement from an insurance policy, health plan, or other Federal or State health benefits program).**  
 Yes  No  
If No, then Explain  
Comments:
- The free clinic does not impose charges on patients either based on service provided or the ability to pay.**  
 Yes  No  
If No, then Explain  
Comments:
- The free clinic accepts patients' voluntary donations for services provided.**  
 Yes  No  
If No, then Explain  
Comments:
- The free clinic is licensed or certified to provide health services in accordance with applicable state law.**  
 Yes  No  
If No, then Explain  
Comments:
- The free clinic and/or individual health care professional provides a patient a written notification explaining that the patients' legal liability is limited pursuant to the Public Health Service Act.**  
 Yes  No  
If No, then Explain  
Comments:

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# Credentialing and Privileging Systems

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### Has the free clinic changed its credentialing and privileging system since the annual deeming application?

Yes (Please answer the following questions)  No (Proceed to the next section titled "Risk Management.")

#### 1. The free clinic periodically verifies licensure, certification and/ or registration of each volunteer health care professional according to the instructions in this PIN 2011-02.

Yes  No  
If No, then Explain

Comments:

#### 2. The free clinic has a copy of each volunteer health care professional's current license, and/or registration on file at the free clinic.

Yes  No

If No, then Explain

Comments:

#### 3. The free clinic periodically verifies board eligibility or certification for each volunteer health care professional, when applicable, according to instructions in this PIN 2011-02.

Yes  No

If No, then Explain

Comments:

#### 4. If the free clinic uses a hospital to serve as a CVO, there is a written contractual agreement stating the specifics of the expected CVO services.

Yes  No

If No, then Explain

Comments:

#### 5. The free clinic utilizes peer review activities when it periodically privileges volunteer health care professional according to the instructions in this PIN 2011-02.

Yes  No

If No, then Explain

Comments:

#### 6. The free clinic has a copy of each volunteer health care professional's hospital privileges, when applicable, on file.

Yes  No

If No, then Explain

Comments:

#### 7. The free clinic annually reviews each volunteer health care professional's history of prior and current medical malpractice claims.

Yes  No

If No, then Explain

Comments:

#### 8. During the credentialing process of covered individuals, the free clinic queries the National Practitioner Data Bank according to the instructions in this PIN 2011-02.

Yes  No

If No, then Explain

Comments:

#### 9. Name and contact information of the Person and Organization conducting Credentialing/Privileging.

Comments:

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# Risk Management Systems

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## Section V - Risk Management Systems

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Section V - Risk Management Systems

**Has the free clinic changed its QI/QA Plan since the last renewal deeming application?**

Yes (Please answer the following questions and attach QI/QA plan.)  No (Proceed to the next section titled 'Individuals'.)

**1. The free clinic has policies and procedures in place for the provision of appropriate supervision and back-up of clinical staff.**

Yes  No  
If No, then Explain  
Comments:

**2. The free clinic maintains a medical record for those receiving care from its organization.**

Yes  No  
If No, then Explain  
Comments:

**3. The free clinic has policies and procedures that address triage, walk-in patients and telephone triage.**

Yes  No  
If No, then Explain  
Comments:

**4. The free clinic has protocols that define appropriate treatment and diagnostic procedures for selected medical conditions based on current standards of care.**

Yes  No  
If No, then Explain  
Comments:

**5. The free clinic has a tracking system for patients who miss appointments or require follow-up of referrals, hospitalization, x-rays, or laboratory results.**

Yes  No  
If No, then Explain  
Comments:

**6. The free clinic periodically reviews patients' medical records to determine quality, completeness and legibility.**

Yes  No  
If No, then Explain  
Comments:

**7. The free clinic has a written, current quality assurance plan (please attach a copy of the plan with board approval date, if any changes have been made since the first submission).**

Yes  No  
If No, then Explain  
Comments:

**8. The free clinic has regular, periodic meetings to review and assess quality assurance issues.**

Yes  No

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If No, then Explain  
Comments:

3. The free clinic has policies and procedures that address triage, walk-in patients and telephone triage.

Yes  No

If No, then Explain  
Comments:

4. The free clinic has protocols that define appropriate treatment and diagnostic procedures for selected medical conditions based on current standards of care.

Yes  No

If No, then Explain  
Comments:

5. The free clinic has a tracking system for patients who miss appointments or require follow-up of referrals, hospitalization, x-rays, or laboratory results.

Yes  No

If No, then Explain  
Comments:

6. The free clinic periodically reviews patients' medical records to determine quality, completeness and legibility.

Yes  No

If No, then Explain  
Comments:

7. The free clinic has a written, current quality assurance plan (please attach a copy of the plan with board approval date, if any changes have been made since the first submission).

Yes  No

If No, then Explain  
Comments:

8. The free clinic has regular, periodic meetings to review and assess quality assurance issues.

Yes  No

If No, then Explain  
Comments:

9. The free clinic considers findings from its peer review activities when reviewing and/or revising its quality assurance plan.

Yes  No

If No, then Explain  
Comments:

10. The free clinic utilizes quality assurance finding to modify policies to improve patient care.

Yes  No

If No, then Explain  
Comments:

11. The free clinic's volunteer health care professionals annually participate in risk management continuing education activities.

Yes  No

If No, then Explain  
Comments:

12. The free clinic has assured that each volunteer health care professional has a copy of PIN 2011-02, and that his/her questions regarding FTCA medical malpractice coverage have been addressed.

Yes  No

If No, then Explain  
Comments:

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## Section VI – Individuals

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Section VI – Individuals

First Name	Last Name	Last Credentialing Date	Last Privileging Date	Individual Type	Medical Malpractice Claims
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No records found.

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# Remarks

## Section VIII - Remarks

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### Is the coverage requested for an offsite event ?

Yes (Enter descriptive information about the Off-Site events. Please enter the type of service provided and location of the event.)

No

### Remarks

No Remarks to Display

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## Section IX - Signatures

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Section IX - Signatures

### Certification and Signature

I, \_\_\_\_\_ (Executive Director), certify that this sponsoring free clinic meets the definition of a free clinic found in Section III of HRSA/BPHC PIN 2011-02 and that the information in this application and the related attachments is complete and accurate.

I, \_\_\_\_\_ (Medical Director), certify that this sponsoring free clinic meets the definition of a free clinic found in Section III of HRSA/BPHC PIN 2011-02 and that the information in this application and the related attachments is complete and accurate.