

APPENDIX A
FREE CLINICS FTCA PROGRAM APPLICATION

The following tables provide the information that will be collected in the initial, redeeming, and supplemental deeming sponsorships application through the sEHB

Section I. Contact Information*	
Executive Director <ul style="list-style-type: none"> ● First Name: ● Last Name: ● E-mail: ● Phone Number: ● Fax Number: 	
Medical Director <ul style="list-style-type: none"> ● First Name: ● Last Name: ● E-mail: ● Phone Number: ● Fax Number: 	
Risk Management Coordinator <ul style="list-style-type: none"> ● First Name: ● Last Name: ● E-mail: ● Phone Number: ● Fax Number: 	

Public Burden Statement: . paperwork@hrsa.gov HYPERLINK
 "https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov"

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. [Program Policy Guide](https://bphc.hrsa.gov/ftca/freeclinics/policies.html) HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html" \h
[Free Clinics FTCA](https://bphc.hrsa.gov/ftca/freeclinics/policies.html) HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html" \h

[Free Clinics FTCA Program](https://bphc.hrsa.gov/ftca/freeclinics/policies.html) HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html"
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HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html" \h

Yes

5. The free clinic annually reviews any history of prior and current medical malpractice claims for each individual for whom deeming is sought.

Yes

6. A National Practitioner Data Bank (NPDB) query is obtained and evaluated on a recurring basis (for example, every two years) for each licensed and/or certified individual according to the instructions in the.[Free Clinics FTCA Program Policy Guide](https://bphc.hrsa.gov/ftca/freeclinics/policies.html)
HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html" \h

Free Clinics FTCA Program Policy Guide HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html" \h

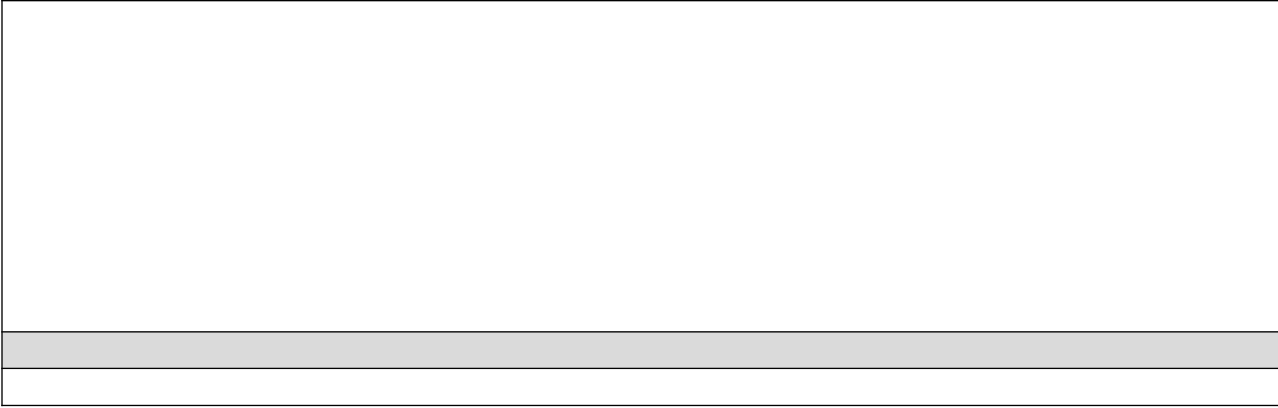
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HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html" \h Free HYPERLINK "https://bphc.hrsa.gov/ftca/freeclinics/policies.html" \h and that the information in this application and the related attachments is complete and accurate.
*The application must be signed by the Executive Director, as indicated Section I. Contact Information.