

Volunteer Health Professionals (VHP) Emergency Deeming Sponsorship Application

(Note: The application form below is only illustrative. HRSA may specify different requirements for the VHP Emergency Deeming Sponsorship Application in HRSA's Electronic Handbooks (EHBs) System.)

Department of Health and Human Services Health Resources and Services Administration		
OMB#	Award Recipient Name	Grant Number

Contact Information	
CONTACT INFORMATION (Include an honorific (e.g., Ms., Mrs., Mr., Dr., etc.) before the name) All fields marked with an * are required.	
EXECUTIVE DIRECTOR (Must electronically sign and certify the volunteer health professional sponsorship application prior to submission) * Name: * Email: * Direct Phone: Fax:	

Section I. Sponsoring Health Center Acknowledgements of Deemed Status Requirements
<p>1. The sponsoring health center acknowledges its understanding that, under section 224(q)(3)(B) of the Public Health Service (PHS) Act, only a health center entity receiving funds under section 330 of the PHS Act (the Health Center Program) and deemed as a PHS employee under the Federally Supported Health Centers Assistance Acts (FSHCAA) of 1992 (Pub. L. 102-501) and 1995 (Pub. L. 104-73), as amended, may sponsor a volunteer health professional (VHP) to become a deemed PHS employee for purposes of liability protections for those individual VHPs under section 224(q) of the PHS Act.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. The sponsoring health center also acknowledges its understanding that, if its entity FTCA deeming or redeeming application for the applicable calendar year is not approved, its sponsored volunteers will become automatically ineligible for FTCA coverage as deemed PHS employees for that calendar year under section 224(q) of the PHS Act.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Further, the health center acknowledges its understanding that, by signing this VHP application, the materials submitted as part of its initial entity FTCA deeming or redeeming application and the entity's Notice of Deeming Action will be utilized by HRSA in determining whether the entity is eligible to sponsor health center volunteers for deemed PHS employment. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Section II. Volunteer Health Professional: Acknowledgment of Required Performance Conditions (Responses Required)

For each of the individual VHP listed in Section III below, the sponsoring health center acknowledges its understanding that, for a volunteer to be considered a VHP, the following requirements must be met:

1. The services provided by the VHP occur at the sponsoring health center's facilities (i.e., at its approved service sites) or through offsite programs or events carried out by the sponsoring health center (section 224(q)(2)(A)).

Yes

2. The VHP does not receive any compensation for the service from the individual, the sponsoring health center, or any third-party payer (including reimbursement under any insurance policy, health plan, or federal or state health benefits program); except that the VHP may receive repayment from the sponsoring health center for reasonable expenses incurred by the VHP in the provision of the service to the individual, which may include travel expenses to or from the site of services (section 224(q)(2)(C)).

Yes

3. Before the service is provided, the VHP or the sponsoring deemed health center posts a clear and conspicuous notice at the site where the service is provided of the extent to which the legal liability of the health care practitioner is limited pursuant to the Public Health Service Act (section 224(q)(2)(D)).

Yes

4. At the time the service(s) is provided, the VHP(s) is licensed or certified in accordance with applicable federal and state laws regarding the provision of the service(s) (section 224(q)(2)(E)).

Yes

5. The sponsoring health center maintains all relevant documentation certifying that the volunteer meets the requirements to be considered a VHP (section 224(q)(2)(F)).

Yes

The sponsoring health center acknowledges its understanding that for each VHP the following is required:

6. Before the service is provided, the sponsoring health center must credential and privilege the VHP(s) in accordance with all current Health Center Program and FTCA Program credentialing and privileging requirements and maintain this information in a file for each VHP (section 224(q)(3)).

Yes

7. The health center attests that it has performed a background check in accordance with state/jurisdiction law for health care practitioners (where required)

Yes

Section III. Volunteers Sponsored for Deeming

Please specify the HRSA-approved declared emergency or other emergency situation (Please note: Declared emergencies that HRSA has not indicated qualify for the submission of this type of VHP application will not be approved.)

Comment Box:

For each Volunteer Health Professional sponsored for deeming, provide the following information.

(Note 1: Do NOT include on this listing individuals who are not volunteer health professionals, such as employees, contractors, governing board members and officers.)

(Note 2: Do NOT include on this listing individuals who are trainees (i.e., students, interns, or residents) conducting duties as part of a residency program. These individuals are not eligible for deemed PHS employment through the VHP Program.)

Add Individual Details*

- Prefix:
- First Name:
- Middle Name:
- Last Name:
- Professional Designation (e.g., MD, RN, etc.):

Contact Information

- Work Email Address:
- Work Phone Number:
- Work Fax Number:
- Work Mailing Address:
- Personal Email Address:
- Personal Phone Number:
- Personal Fax Number (if any):
- Personal Mailing Address:

Section III. Volunteers Sponsored for Deeming

Volunteer Health Professional Agreement and Education

I attest that the health center has a volunteer agreement for each individually named volunteer that clearly states:

- a) that the sponsored health professional is a volunteer of the health center,
- b) the terms and conditions of the services that the volunteer will provide,
- c) that the health professional will not receive any compensation including reimbursement from any third-party payor.

Yes No

I attest that my health center has provided each individually named volunteer health professional information explaining the limits of liability protections under section 224(q), including documentation of each off-site program or event where the health professional will provide services on behalf of the health center.

Yes No

Credentialing and Privileging

I attest that each individually named volunteer health professional has been credentialed and privileged by the health center in accordance with all applicable Health Center Program and FTCA Program credentialing and privileging requirements. (Each sponsored VHP must be credentialed and privileged by the health center in accordance with the Health Center Program Compliance Manual, Chapter 5 or, when applicable, PAL 2017-07.) All volunteers must be credentialed at least every two years.

Licensure and/or Certification

I attest that the sponsored VHP is required to be licensed or certified in accordance with applicable Federal and State laws to perform the services that are requested and the health center, when possible, has verified all applicable license information via primary source verification.

Yes No

Section III. Volunteers Sponsored for Deeming

<p>Medical Malpractice History</p> <ul style="list-style-type: none"> I attest that the health center has reviewed the medical malpractice claims history for the sponsored VHP and any history of state board disciplinary actions and/or state or federal court (including any FTCA) malpractice claims within ten (10) years prior to the submission of this FTCA volunteer health professional deeming application? This review included both pending and resolved administrative and civil claims. I attest that, based on this review, the health center has determined that the sponsored VHP does not present an unacceptable risk of medical malpractice claims or lawsuits. <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>*Notes:</p> <ul style="list-style-type: none"> Within the EHBs, the sponsoring health center is required to submit the information outlined above for each individual volunteer for whom it is seeking FTCA coverage. The sponsoring health center must provide both work and personal contact information for <u>each</u> health center VHP the health center is sponsoring for FTCA deemed status. 	

Section IV. Signatures

<p>Certification and Signature</p>
<p>I, _____ (Authorized Health Center Representative)*, have the authority to act on behalf of the health center with respect to this application and certify that, to the best of my knowledge and belief, (1) this sponsoring health center meets the statutory eligibility criteria for deemed status/FTCA coverage, as reflected in its current calendar year deeming application; (2) this sponsoring health center has maintained its credentialing, privileging, and risk management systems in accordance with Health Center Program and Health Center FTCA Program requirements; and (3) the information in this application and the related attachments is complete and accurate. I understand that by printing my name I am signing the application under penalty of perjury.</p>
<p>*The application must be signed by Health Center Representative, as indicated in Section I. Contact Information.</p>