



Dallas County  
**Medical Reserve Corps Volunteer Application**  
 2377 N. Stemmons Frwy, Dallas, TX 75207-2710  
 214-819-1922 / Fax: 214-819-2099



<b>Name:</b>
<b>Address:</b>
<b>City/State/Zip:</b> _____ <b>County:</b> _____
<b>Phone: Office</b> _____ <b>Cell</b> _____ <b>Home</b> _____
<b>Email:</b>
<b>FAX:</b>
<b>Languages:</b>

**II. LICENSED & CLINICAL PROVIDERS**

<b>Medical:</b>	MD	DO	DPM	DC	PA	Optometrist		
<b>Dentistry:</b>	DMD		DDS			Dental Hygienist		
<b>Nursing:</b>	RN	LVN	NP	CRNA		N-Midwife		
<b>Pharmacy:</b>	RPh		Pharmacy technician					
<b>Mental Health:</b>	Clinical Psychologist	CSW	LPC	Other:				
<b>Therapists/</b>	EMT-P	EMT	PT	PTA	OT	OTA	RT	X-ray Tech
<b>Technicians</b>	Surgical Tech, Radiation Therapist, Other: _____							
<b>Other:</b>	<i>(Heath Professional (DVM etc.), Administrator or General support-non professional)</i>							

**III. LICENSE & PRIVILEGES INFORMATION**

Active License Number(s)	Discipline	State(s)
<b>Board Certification(s)</b>		
<b>DEA</b>	<b>DPS</b>	
<b>Current Privileges (list one institution):</b>		
<i>(If no institutional privileges, please complete employment history below.)</i>		

**IV. EMPLOYMENT HISTORY**

*(For all applicants **without** institutional privileges, give 3-year history; **OR** if applicable affiliated community organization, relationship AND activities – non-professionals indicate special skills i.e. mechanical, clerical, etc.)*

Organization:	Contact Name/Phone:

**History of arrest or professional disciplinary action taken: NO YES (attach details)**

\_\_\_\_\_  
**Applicant's Signature/Date**

Office Use Only

Application received  Date \_\_\_\_\_  
 Application processed by MRC Coordinator  Date \_\_\_\_\_