CENTRAL GEORGIA MEDICAL RESERVE CORPS

Georgia Department of Public Health
North Central Health District
www.northcentralhealthdistrict.org/mrc

201 Second Street Macon, GA 31201 **Office: (478) 751-3029** **Fax: (478) 751-4575**

MRC Membership Application

(for entry in SERVGA, Georgia's State Emergency Registry of Volunteers)

Georgia's State Emergency Registry of Volunteers (SERVGA) is a database of people who may wish to help public health personnel respond to an act of terrorism or other public health emergency. It is coordinated with Georgia's public health and Medical Reserve Corps (MRC) volunteer programs. Filling out this form will help connect you with your local MRC unit. The Central Georgia Medical Reserve Corps serves Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Peach, Putnam, Monroe, Twiggs, Washington and Wilkinson counties. There are other MRC units serving other parts of Georgia.

If you can, please sign up at the http://www.servga.gov web site. When filling out the application, be sure to designate "Central Georgia Medical Reserve Corps" as the unit you are joining. If you are unable to sign up online or prefer to register using this paper application, we will be happy to assist you. If you sign up online you will not need to complete the paper application.

If you are already registered with SERVGA, please add "Central Georgia Medical Reserve Corps" as one of your unit affiliations (in your SERVGA profile).

Registering places you under no legal obligation to volunteer. For further questions or information about our MRC unit, please visit our web site at www.northcentralhealthdistrict.org/mrc or contact us at the address or phone number listed above. For more information about the national MRC program, go to https://www.aspr.hhs.gov/mrc. For more information about the on-line volunteer registry, go to https://www.servga.gov

Data privacy

Information collected through the registry will be kept private or non-public, except where required by law. Only DHR and its federal, regional, and local partners involved in planning, investigating, or controlling a public health emergency will have access to this information. These partners could include both public health and law enforcement as well as MRC units with whom you affiliate. Providing information to this registry is voluntary. If you decide not to provide this information, however, we may not be able to contact you for emergency volunteer work.

Please return completed applications to:

Central Georgia Medical Reserve Corps
c/o Office of Emergency Preparedness
201 Second Street, Suite 1100
Macon, GA 31201
Or fax to: (478) 751-4575

*** THIS SYMBOL INDICATES THAT THE INFORMATION IS REQUIRED.**

Section 1: First tell us some information about yourself....

1. Personal information:

*First name:	Middle name:	*Last name:
*Gender: ☐ M ☐ F	*Date of birth (mm/dd/yyyy):	*Georgia county you live in:
*Home address:	*City:	*Zip Code:
* Drivers License/State ID# :	*License State:	Exp. Date:
Primary email address:	Alternate email address:	Social Security #:

2. What is the best way to contact you in the event of an emergency?

* 2a. Primary contact: ☐ Phone ☐ Fax ☐ Cell Phone ☐ Pager *Number:

2b. Secondary contact: ☐ Phone ☐ Fax ☐ Cell Phone ☐ Pager *Number:

2c. Emergency Contact Information:

Name: Relationship:

Primary Contact #: Secondary Contact #:

***3. Do you have any military service obligations in the event of an emergency?** ☐ Yes ☐ No

If yes, please explain what they are:

***4. Do you have any other commitments that might pose a conflict in the event of an emergency?** If yes, please identify them below: ☐ Yes ☐ No

☐ American Red Cross ☐ Hospital/clinic (name) : ☐ First Responder

☐ Other:

Section 2: Tell us about your work....

5. What is your employment status?

☐ full time ☐ part time ☐ on call ☐ not employed ☐ retired ☐ student

6. Do you work at more than one location? ☐ Yes ☐ No 6a. If yes, at how many locations do you work?

7. In which county or counties do you work?

Please list the counties: County in state bordering Georgia:

8. In what type of setting do you work? (check all that apply)

Health care settings:

☐ Clinic
☐ Emergency room
☐ Home care/hospice
☐ Hospital
☐ Intensive care
☐ Laboratory/X-ray/other diagnostic procedures
☐ Medical/surgical
☐ Nursing home
☐ OB/GYN
☐ Operating room/recovery room
☐ Pediatrics
☐ Pharmacy
☐ Psychiatric/behavioral care/mental health
☐ Rehabilitation
☐ Other: _____

Other health-related settings:

☐ Assisted living
☐ Correctional facility
☐ Emergency communications center
☐ EMS provider
☐ Group home
☐ Public health department
☐ Public safety/police department
☐ School
☐ Other : _____

8a. In what types of activities are you involved on your job? [check all that apply]

☐ Administration
☐ Case management
☐ Clerical
☐ Clinical services
☐ Disease investigation and control
☐ EMS education
☐ EMS medical direction/coordination
☐ Environmental health
☐ Epidemiology
☐ First responder
☐ Health counseling
☐ Health education or promotion
☐ Immunizations
☐ Insurance/utilization review
☐ Medical priority dispatching
☐ Patient care
☐ Program planning
☐ Quality improvement/assurance
☐ Research
☐ Supervision
☐ Teaching
☐ Telephone triage
☐ Other:_____

Section 3: In case of a large scale emergency...

***9. Are you physically able to participate in a field deployment?**	☐ Yes ☐ No
9a. Do you have relevant disabilities and/or special needs?	☐ Yes ☐ No

***10. Where are you willing to travel for deployment?** ☐ **Local** ☐ **In-state** ☐ **Out of state**

10a. How many days are you willing to be deployed? ☐ **Up to 7** ☐ **Up to 14** ☐ **Up to 21** ☐ **Up to 28** ☐ **More than 28 days**

10b. In the event of a declared national emergency, would you consider volunteering to work under the authority of the Federal Government? ☐ **Yes** ☐ **No**

11. Do you speak any foreign languages? [Please list all that apply]

1._____	☐ Limited proficiency	☐ Intermediate ability	☐ Fluent
2._____	☐ Limited proficiency	☐ Intermediate ability	☐ Fluent
3._____	☐ Limited proficiency	☐ Intermediate ability	☐ Fluent
4._____	☐ Limited proficiency	☐ Intermediate ability	☐ Fluent

11a. Do you know American Sign Language?	☐ Yes ☐ No

If yes, what level are you? ☐ Limited proficiency ☐ Intermediate ability ☐ Fluent

12. Do you have a commercial driver's license?	☐ Yes ☐ No	**13. Class and endorsement codes:**	

14. Have you had HAZMAT (hazardous materials) training?	☐ Yes ☐ No	If yes, training level: ☐ Awareness ☐ Operations ☐ Technician ☐ Specialist
15. Have you had basic first aid training?	☐ Yes ☐ No	Year of most recent training_____
16. Have you been trained in CPR (cardiopulmonary resuscitation)?	☐ Yes ☐ No	Year of most recent training_____
17. Have you had incident command training (NIMS, ICS)?	☐ Yes ☐ No	Year of most recent training_____
18. List other training courses: (list all that apply)		
a.		Year of most recent training_____
b.		Year of most recent training_____
c.		Year of most recent training_____
d.		Year of most recent training_____

Section 4: Your experience and credentials ...

***19. Are you currently or have you previously been credentialed by a State of Georgia health professional board? (for example, Georgia Secretary of State)?**	☐ Yes ☐ No

If yes, identify the primary license, registration, or certificate you hold/held:

☐ Dentist	☐ Licensed psychological practitioner	☐ Physician
☐ Dental assistant	☐ Marriage and family therapist:	☐ Physician assistant
☐ Dental hygienist	☐ Licensed ☐ Licensed associate	☐ Podiatrist
☐ Dietitian	☐ Nutritionist	☐ Respiratory care practitioner
☐ EMT - ☐ Basic ☐ Intermed ☐ Paramedic	☐ Optometrist	☐ Registered nurse
☐ First responder	☐ Pharmacist	☐ Social worker: ☐ Licensed ☐ Lic. graduate
☐ Licensed practical nurse	☐ Pharmacy technician	☐ Lic. Indepen. ☐ Lic. Indepen. clinical
☐ Licensed psychologist	☐ Physical therapist	☐ Other: _____

***20. If you are credentialed by a state board, what is the status of your primary license, registration, or certification? [If you are not, go to question #23]**	☐ Active ☐ Inactive ☐ Other

If you currently have a license, please complete the following. This will be used for credentialing purposes.

Note: Those who may be eligible for licensure (for example, students, retired people), but are not currently licensed, may complete this form.

Primary license, certification, or registration #:	Expiration date (mm/dd/yyyy):

If not a Georgia board, please list the state or province. State: Canadian province/territory:

If you have more than one license or credential, please list in question #23.

***21. Do you have current or previous experience in a health occupation that is *not currently* licensed, registered, or certified by the State of Georgia?**	☐ Yes ☐ No

*This information is required.

22. If yes, please check your primary occupation from the list below, or choose the one that most closely matches your experience (if more than one occupation, please list in question #23):

☐ Advanced Practical Nurse	☐ Health Educator	☐ Occupational Health Technician	☐ Psychologist
☐ Athletic Trainer	☐ Home Health Aide	☐ Occupational Therapist	☐ Public Health Administration
☐ Audiologist	☐ Human Services Technician	☐ Occupational Therapist Aide	☐ Public Health Case Manager
☐ Behavioral Health Professional	☐ Immunization Services Worker	☐ Occupational Therapist Assistant	☐ Public Health Nurse
☐ Cardiovascular Tech	☐ Laboratorian	☐ Optician	☐ Radiation Therapist
☐ Chiropractor	☐ Licensed Practical Nurse	☐ Optometrist	☐ Radiologic Technician / Technologist
☐ Clinical Social Worker	☐ Marriage & Family Therapist	☐ Orthotist or Prosthetist	
☐ Counselor/Mental Health	☐ Massage Therapist	☐ Personal and Home Care Aide	☐ Recreational Therapist
☐ Counselor/Rehabilitation	☐ Medical Assistant	☐ Pharmacist	☐ Registered Nurse
☐ Counselor/School	☐ Medical Equipment Preparer	☐ Pharmacy Aide	☐ Respiratory Therapist
☐ Counselor/Substance Abuse	☐ Medical Records Technologist	☐ Pharmacy Technician	☐ Respiratory Therapy Technician
☐ Dental Assistant	☐ Medical Transcriptionist	☐ Physical Therapist	☐ Social Worker
☐ Dental Hygienist	☐ Medica /Clinical Lab Technician	☐ Physical Therapist Aide	☐ Diagnostic Sonographer
☐ Dentist	☐ Medical/Clinical Lab Technologist	☐ Physical Therapist Assistant	☐ Special Needs Care Provider
☐ Dietetic Technician	☐ Medical/Health Service Manager	☐ Physician	☐ Speech Language Technologist
☐ Dietician	☐ Nuclear Medicine Technologist	☐ Physician Assistant	☐ Surgical Technologist
☐ EMT-Basic	☐ Nurse Practitioner	☐ Podiatrist	☐ Toxicologist
☐ EMT-Paramedic	☐ Aide, Orderly or Attendant	☐ Psychiatric Aide	☐ Veterinarian
☐ Environmental Health Inspector	☐ Nutritionist	☐ Psychiatric Rehabilitation Worker	☐ Veterinary Assistant
☐ Epidemiologist	☐ Occupational Health Specialist	☐ Psychiatric Technician	☐ Veterinary Technician / Technologist
☐ Other:			

23. Please briefly describe the educational and/or work background you have that is relevant to volunteering in the event of a public health emergency (for example, "*I graduated with an associate degree in medical technology in 1988 from the Columbus Technical College. Since graduating, I have worked full-time as a clinical laboratory technician for Emory University Hospital's central lab. I recently began taking classes on a part-time basis to complete a bachelor's degree in medical technology at Emory University.*")

ADDITIONAL INFORMATION FOR NURSES, DOCTORS, PHARMACISTS, and DENTISTS:

If you are a NURSE, please continue with Section 5.
If you are a DOCTOR, please continue with Section 6.
If you are a PHARMACIST, please continue with Section 7.
If you are a DENTIST, please continue with Section 8.

IF YOU ARE NOT A NURSE, DOCTOR, PHARMACIST OR DENTIST, PLEASE CONTINUE WITH SECTION 9.

Section 5: Nurses ONLY

***24. Are you an advanced-practice registered nurse?**	☐ Yes ☐ No
If yes, what is your classification?	If yes, what is your specialty?

***25. Do you have a specialty certification?** ☐ Yes ☐ No If yes, indicate below (check all that apply.)

☐ Direct patient care	☐ Mass immunization	☐ Phlebotomy
☐ Disease investigation	☐ Mental health	☐ Public health nursing
☐ ER	☐ Military medic	☐ School nursing
☐ Home health care	☐ OB/GYN	☐ Trauma
☐ Infectious disease	☐ Patient education	☐ Triage
☐ Mass care	☐ Pediatrics	☐ Other:

PLEASE CONTINUE WITH SECTION 9.

Section 6: Doctors ONLY

24. Are you an EMS medical director or have other emergency medicine experience?	☐ Yes ☐ No
25. Have you provided care in an atypical setting as part of your current or prior employment (e.g., field military, wilderness medicine, Third World settings, or similar)?	☐ Yes ☐ No

26. What percentage of your practice is ongoing care/scheduled appointments that could be re-scheduled in case of a large-scale emergency?

☐ 0-10% ☐ 11-24% ☐ 25-49% ☐ 50-74% ☐ 75-100%

*This information is required.

***27. What would you consider yourself capable of and agreeable to perform if needed [check all that apply]:**

☐ providing acute patient screening	☐ providing hospice care	☐ performing vaccinations
☐ providing ambulatory care	☐ providing nursing home care	☐ screening vaccination candidates
☐ providing hospital/ field hospital care	☐ providing telephone information	☐ providing non-medical assistance

***28. What is your primary specialty?**

☐ allergy, asthma, immunology	☐ gastroenterology	☐ pediatrics
☐ anesthesiology	☐ gerontology	☐ physical medicine and rehabilitation
☐ behavioral medicine	☐ internal medicine	☐ plastic and reconstructive surgery
☐ cardiology	☐ infectious disease medicine	☐ psychiatry / child psychiatry
☐ clinical oncology	☐ neurological surgery	☐ public health medicine
☐ clinical endocrinology	☐ neurology	☐ pulmonary medicine
☐ colon and rectal surgery	☐ obstetrics and gynecology	☐ radiology
☐ critical care medicine	☐ occupational/environmental medicine	☐ rheumatology
☐ dermatology		☐ sleep medicine
☐ emergency medicine	☐ oncology	☐ thoracic surgery
☐ ear, nose, and throat (ENT)	☐ orthopedic surgery	☐ vascular surgery
☐ family practice	☐ ophthalmology	☐ other:
☐ forensic medicine	☐ pathology	

28a. If you have a secondary specialty, please list:

29. Have you had experience in any of the following areas? [check all that apply]

☐ administration	☐ hospice	☐ OB/GYN	☐ research
☐ clinic	☐ intensive care	☐ other area related to emergency	☐ teaching
☐ counseling	☐ medical/surgical	☐ psychiatric/behavioral care	☐ utilization review
☐ ER	☐ operating room/recovery room	☐ pediatrics	☐ Other:

***30. Do you have any special qualifications or interests we should be aware of?** ☐ Yes ☐ No

If yes, please list:

PLEASE CONTINUE WITH SECTION 9.

Section 7: Pharmacists ONLY

24. Have you provided care in an atypical setting as part of your current or prior employment (e.g., field military, wilderness medicine, Third World settings, or similar)? ☐ Yes ☐ No

If yes, please describe:

***25.What setting do you currently work in? [mark all that apply]**

☐ Administrative office	☐ Hospital pharmacy	☐ Laboratory
☐ Clinic pharmacy	☐ Home I.V. therapy	☐ Nuclear pharmacy
☐ Clinical pharmacy	☐ HMO clinic pharmacy	☐ Nursing home pharmacy
☐ Community / Retail	☐ Industry	☐ Pharmacy school/medical school / teaching hospital
☐ Other		

***26. Which activities do you participate in? [mark all that apply to your professional activity]**

☐ Administration	☐ Disease state management	☐ Pharmacy benefits management
☐ Consulting	☐ Research	☐ Teaching
☐ Dispensing prescriptions	☐ Sales	☐ Other (specify)

***27. What would you consider yourself capable of and agreeable to perform if needed? [check all that apply]:**

☐ Administering medication	☐ Interpreting medication orders	☐ Providing telephone information
☐ Assuring appropriate drug/dose	☐ Providing education on treatments	☐ Screening vaccination candidates
☐ Dispensing medication	☐ Providing non-medical assistance	☐ Vaccinations

***28. In which specialty area(s), if any, are you certified:**

☐ Nutrition support ☐ Nuclear pharmacy ☐ None ☐ Psychiatric ☐ Pharmacotherapy ☐ Other:

***29. Do you have a subspecialty?** ☐ Yes ☐ No If yes, name of subspeciality:

30. Please indicate whether you are certified and/or trained in providing influenza and pnuemococcal immunizations. ☐ Yes ☐ No

31. Do you have experience in conducting comprehensive patient assessments and in interpreting and adjusting drug therapies?	☐ Yes ☐ No

32. Do you have experience in any of the following areas? [check all that apply]

☐ Emergency room ☐ Intensive care ☐ Pediatrics ☐ Primary care medicine ☐ Psychiatry

PLEASE CONTINUE WITH SECTION 9.

Section 8: Dentists ONLY

***24. Do you have any specialized training or board certification in the dental field?**	☐ Yes ☐ No

If "yes", indicate the specialized training or board certification you received. [Fill in all that apply]

☐ Endodontics ☐ Oral surgery ☐ Orthodontics ☐ Periodontics ☐ Public health
☐ Forensic odontology ☐ Oral pathology ☐ Pediatric dentistry ☐ Prosthodontics ☐ Other:

***25. What is your primary professional activity? [Fill in only one]**

☐ Administration ☐ Consulting ☐ Research ☐ Teaching
☐ Advanced dental study ☐ Patient care ☐ Sales ☐ Other (specify):

26. Have you provided care in an atypical setting as part of prior employment (e.g., field military, wilderness medicine, Third World settings, or similar)?	☐ Yes ☐ No

***27. Are you on staff at a hospital?**	☐ Yes ☐ No	If yes, please list:

28. What percentage of your practice is ongoing care/scheduled appointments that could be re-scheduled in case of a large-scale emergency?

☐ 0-10% ☐ 11-24% ☐ 25-49% ☐ 50-74% ☐ 75-100%

***29. Which activities would you consider yourself capable of and agreeable to perform if needed and training were provided? [check all that apply]**

☐ providing acute patient screening and care (clinic setting)
☐ providing hospital care (or care in field hospital)
☐ providing telephone information
☐ providing non-medical assistance
☐ screening vaccination candidates
☐ vaccinations

30. Have you had recent experience in any of the following areas? [check all that apply]

☐ administration ☐ ER ☐ medical/surgical ☐ research
☐ clinic ☐ hospice ☐ operating room/recovery room ☐ teaching
☐ counseling ☐ intensive care ☐ pediatrics ☐ utilization review
☐ Other area related to emergency care:

Section 9: (ALL applicants complete)

How did you hear about the opportunity to volunteer in a health emergency?

☐ brochure/flyer ☐ mailing ☐ TV/radio ☐ professional organization ☐ article/publication
☐ internet ☐ presentation ☐ friend/acquaintance ☐ other: _____

Do you want your account to be:

☐ **Active:** *Your account information will be available to authorized system administrators. You will be eligible to be contacted for emergency deployments and receive notifications related to potential emergency activations and deployments.*

☐ **Inactive:** *Your account information will be available to authorized system administrators, however, you will NOT be considered for or contacted about potential emergency activations and deployments. You may receive non-emergency notifications related to the status of your account*

Acknowledgment

I hereby certify that all statements made in this application are true and I agree and understand that any misstatement of material facts may cause forfeiture of my eligibility for enrollment as a Medical Reserve Corps volunteer. I also understand that falsification or omission of information may result in my removal from eligibility as a volunteer. I understand that submitting this application does not guarantee selection for placement. I understand that the information from this application will be entered into the ServGA website and may be shared with federal, state, regional or local partners in planning for emergency preparedness and with those agencies where I will be placed as a volunteer. I authorize my Medical Reserve Corps officials to check any information regarding my application and information about criminal background and will agree to submit a separate form indicating authorization to release this information. I understand that I have the right to withdraw my application or discontinue my enrollment as a volunteer at anytime with written notification to my MRC office.

***Signature**		***Date**	

*This information is required.

CENTRAL GEORGIA MEDICAL RESERVE CORPS

CERTIFICATION

I (Name, please print) _____ certify that:

a. I am in adequate physical condition to perform my duties as a volunteer of the Central Georgia Medical Reserve Corps.

b. I have/have not been a member of a Medical Reserve Corps in the past. If you have, which one?_____

   May we contact them? Yes/No

c. I have/have not been arrested and or convicted of any crime. (Circle one; if yes, please briefly explain.)

   _____

   _____

   _____

   _____

d. I hereby give permission to the Central Georgia Medical Reserve Corps to conduct a criminal background check.

_____ _____

Signature Date

Please return completed applications to:

Central Georgia Medical Reserve Corps
c/o Office of Emergency Preparedness
201 Second Street, Suite 1100
Macon, GA 31201
Or fax to: (478) 751-4575

*This information is required.