

Application

Instructions: This application is an adjunct to a thorough curriculum vitae (CV). Please complete and sign this application and attach a full CV (i.e. a CV containing full details of your work history, professional affiliations, training, credentials and experience). Attach additional sheets as needed in order to address all questions thoroughly.

BASIC INFORMATION

Full Name:		Date/Place of Birth:	Citizenship:
Address:			
	Best time to reach you?	Email Address:	
Home Phone:	Business Phone:	Fax:	
Mobile Phone:	Medical School of Graduation/Year:	Social Security # (if applicable):	
Specialty:	Date Available:	Duration Available:	

MEDICAL REGISTRATIONS - Please list **all** medical registrations (licenses) you have obtained or are obtaining.

State/Province & Country	Registration or License #	Date Issued	Expiration Date

PROFESSIONAL REFERENCES - A total of **five** references are **required**. Three of these references must be in your field of specialization and at least three of the five references must have worked with you within the past few months.

Name Of Reference	Field of Specialty	Phone Number	Email Address
1.			
2.			
3.			
4.			
5.			

GENERAL INTEREST

How did you hear about GMS?
Why are you interested in taking an assignment?
Which Countries or geographic areas interest you and why?
Are you interested in moving permanently?
What are your major concerns that we can address?
(US doctors only) Are you interested in working both domestic locums and overseas?

QUESTIONS - Please answer each question below by marking the appropriate column to the right of the question. Attach explanations with supporting documentation for any "Yes" answered questions.

	Yes	No		Yes	No
Have you ever been or are you now the subject of any malpractice claims, incidences or allegations? Attached details of each.			Have you ever been or are you now the subject of any civil or criminal investigations, allegations or charges?		
Are you now or have you ever been under the supervision of a doctor for any emotional, psychological or other conditions or illnesses which might have an impact on your performance as a doctor?			Are you now or have you ever been the subject of any investigations, sanctions, revocations or suspensions of your medical registrations (licenses) or prescribing authority?		

Have you ever been denied membership in or privileges at or otherwise been investigated, sanctioned or reprimanded by any medical institution, society or association?			Do you or any family member who will accompany you have any illnesses or disabilities that might preclude you from receiving a foreign visa on medical grounds?		
Have you ever, voluntarily or involuntarily, surrendered or withdrawn an application for hospital privileges, medical registration (licensure) or membership to any medical college, society, facility or association?			Are you now or have you ever been addicted to any drugs or alcohol?		
			Are you HIV or HEP B positive?		

I have completed the application and answered all of Global Medical Staffing's (GMS) questions to the best of my ability. I swear that the information that I have provided is true and correct. I understand that any misrepresentation made by me may result in the immediate termination of any contractual relationship I form with GMS as well as the retroactive termination of any malpractice insurance obtained on my behalf.

I authorize GMS to speak to my references, research my background, character and qualifications to practice medicine, including malpractice history, with any college, university, medical school, residency or fellowship program, hospitals or other medical practices or institutions, state or national licensing boards, American Board of Medical Specialties, American Medical Association, American Osteopathic Association, National Practitioner Data Bank, the Federation of States Medical Boards, DEA, malpractice carriers and associated attorneys, all US or foreign federal, state or local government agencies and instrumentalities and any other pertinent source. I authorize GMS to share any information obtained with GMS clients and any medical licensing boards. I agree to hold GMS harmless from any liability whatsoever related to these processes. I further agree to hold the entities or persons listed above harmless from any liability whatsoever for the provision of information to GMS and/or for GMS's subsequent use of such information.

I recognize that Global Medical Staffing's (GMS) business depends on preserving its network of clients and doctors. To this end, GMS has expended considerable amounts of time, money, and energy. Recognizing GMS's investment, I agree not to introduce other doctors to the locations GMS provides to me. I also agree not go around GMS by accepting any type of employment position at a location where GMS presents my CV for consideration for a position, or provides me with information (verbally, in writing or by any other means). Should I go around GMS, in contradiction to this agreement, and establish any type of employment relationship, for myself or for any other doctor, I agree that GMS is entitled to its customary placement fee.

Applicant's name: _____

Applicants Signature: _____

Date: _____