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| Demographics |
| Last Name |       | First |       | M.I. |       |
| Street Address |       | Apt/Unit # |       |
| City |       | State |       | ZIP |       |
| Phone |       | E-mail  |       | Social Sec# |       |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| Have you ever been convicted of a felony? | YES [ ]  | NO [ ]  | If yes, explain |       |
| Have you ever worked for Dayspring? | YES [ ]  | NO [ ]  | If so, when? |       |
| Education |
| **High School** |       | Address |       |
| From |       | To |       | Did you graduate? | YES [ ]  | NO [ ]  | Degree |       |
| **Technical/****Vocational**  |       | Address |       |
| From |       | To |       | Did you graduate? | YES [ ]  | NO [ ]  | Degree |       |
| **Undergraduate**  |       | Address |       |
| From |       | To |       | Did you graduate? | YES [ ]  | NO [ ]  | Degree |       |
| **Graduate** |       | Address |       |
| From |       | To |       | Did you graduate? | YES [ ]  | NO [ ]  | Degree |       |
| **Other** |       | Address |       |
| From  |       | To |       | Did you graduate? | YES [ ]  | NO [ ]  | Degree  |       |
| **Other** |       | Address |       |
| From  |       | To |       | Did you graduate? | YES [ ]  | NO [ ]  | Degree  |       |
| Military Service |
| Branch  |       | From |       | To  |       | Rank at Discharge |       |
| Type of Discharge:       | If other than honorable, explain:       |

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| **APPLICANT NAME:**  | Last:       | First:       |
| Previous Employment-please list all work history for past five yearsPlease use additional paper if needed for work history and attach to application |
| Company |       | Phone |       |
| City, State  |       | Supervisor |       |
| Job Title  |       | From |       | To |       |
| Reason for Leaving |       |
| Company |       | Phone |       |
| City, State  |       | Supervisor |       |
| Job Title  |       | From |       | To |       |
| Reason for Leaving |       |
| Company |       | Phone |       |
| City, State  |       | Supervisor |       |
| Job Title  |       | From |       | To |       |
| Reason for Leaving |       |
| Company |       | Phone |       |
| City, State  |       | Supervisor |       |
| Job Title  |       | From |       | To |       |
| Reason for Leaving |       |

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| Professional References (Please include a supervisor, subordinate, and Peer) |
| Supervisor |       | Relationship |       |
| Company |       | Phone |       |
| Email |       |
| Subordinate |       | Relationship |       |
| Company |       | Phone |       |
| Email |       |
| Peer |       | Relationship |       |
| Company |       | Phone |       |
| Email |       |
| Licensure/registrations |
| **List all current license or registrations. List any license or registration held since last (re)appointment.**  |
| **State** |       | **Type** |       | **Number** |       | **Exp Date** |       |
| **State** |       | **Type** |       | **Number** |       | **Exp Date** |       |
| **State** |       | **Type** |       | **Number** |       | **Exp Date** |       |

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| **DISCIPLINARY ACTIONS** |
| Have any of the following ever been, or are any currently in the process of being denied, revoked, suspended, reduced, limited, placed on probation, or not renewed? Have you voluntarily relinquished withdrawn, or failed to proceed with an application for any of the following in order to avoid an adverse action or to preclude or while under an investigation relating to a professional conduct?  |
| Health-related professional registration/license  | [ ]  **No** | [ ]  **Yes** | [ ]  **NA** |
| Clinical privileges  | [ ]  **No** | [ ]  **Yes** | [ ]  **NA** |
| Have you been convicted of or pleaded no contest to any criminal charges (other than motor vehicle speeding violations) brought against you?  | [ ]  **No** | [ ]  **Yes** |  |
| Have you been convicted or pleaded no contest to a drug or alcohol related offense? | [ ]  **No** | [ ]  **Yes** |  |
| Have you been sanctioned by PRSO, PRO, or similar agency?  | [ ]  **No** | [ ]  **Yes** |  |
| **If you answered yes to any of the questions above, please explain in detail**       |

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| **CONSENT AND CONDITIONS OF APPOINTMENT SIGNATURE** |
| **RELEASE OF INFORMATION CONSENT**I hereby authorize and consent to the release of information from any individual or organization concerning my professional competence, ethics, character, training, experience and other qualifications for staff appointment and clinical privileges at Dayspring Health. I hereby release from liability any and all individuals and organizations that provide such information to the health center.**CONDITIONS OF APPOINTMENT AND RE-APPOINTMENT**By applying for appointment/reappointment to the Dayspring Health clinical staff, I hereby:* Authorize the health center representative(s) to consult with my prior and current associates and other who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications;
* Consent to the inspection by the health center representative(s) of all documents that may be material to an evaluation of my qualifications and competence
* Consent to release of such information;
* Release from liability all representatives of the health center and its staff for their acts performed and statements made in good faith and without malice, in connection with evaluating this application and my credentials and qualifications;
* Release from liability any and all individual and organizations who provide information to the health center or staff, in good faith and without malice, concerning my professional competence, background, experience, ethics, character, utilization practice patterns, health status, and other qualifications for staff appointment and clinical privileges;
* Acknowledge that I have received, or been given access to, and read the Policy on Appointment and Reappointment and agree to be bound by the terms thereof in all matters relating to Staff membership and clinical privileges and to the consideration of my application for (re)appointment to the Staff and for clinical privileges;
* Acknowledge that the provisions of said policy relating to confidentiality and release from liability are express conditions to my application for, and acceptance of, (re)appointment to the clinical staff and the continuation of such appointment and to my exercise of clinical privileges;
* Acknowledge that I, as an applicant for (re)appointment and privileges, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications for clinical privileges and for resolving any doubts about such qualifications; and
* Acknowledge that any material misstatements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the Staff.

**CERTIFICATION**I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Dayspring Health considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Dayspring will contact most recent employer and all employers of greater than six months in the past five years for individuals applying for behavioral health consultant positions.By typing my name below and including the last 4 digits of my SS#, I electronically sign this application and agree to the above disclaimer.  |
| **Applicant Name** |       |
| **Applicant Signature**  |       | **Date** |       |