

PERSONAL INFORMATION

Name: _____

Email: _____

Cell Phone: _____

Spoken Languages (Circle all that apply): English Spanish Other: _____

Birthdate: _____ / _____ / _____
 Month Day Year

WHEN WOULD YOU LIKE TO VOLUNTEER? *Please select all that apply. Indicate preferred hours in space provided (e.g.: Tuesday 9am-2pm, with 30 min break for lunch)*

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday AM (8am-12pm)
- Other/Specific Dates: _____

HOW WOULD YOU LIKE TO TRANSFORM LIVES? *Please select all that apply.*

- General Dentistry—fillings, impressions and fitting removable
(requires license and professional insurance)
- Specialized Treatment—extractions, root canals, etc.
(requires license and professional insurance)
- Conduct dental evaluations and treatment planning
(requires license and professional insurance)
- Hygiene Services
(requires license and professional insurance)
- Assist chairside and for x-rays or sterilization
- Front office responsibilities, conduct telephone health & dental screenings from applications
- Provide laboratory services
- Other: _____

If you are retired and licensed in Arizona, you can obtain volunteer professional liability insurance for approximately \$200/year. If you volunteer at ACDC for 40 hours in a 12-month period, we will reimburse your coverage cost for up to \$200.

Phone 602-258-1876 or 602-258-1409 / Fax 480-344-1442 / Voicemail 480-344-5777 x 322
Email maryh@azda.org or call with any questions

PLEASE COMPLETE BOTH PAGES OF APPLICATION

PROVIDER CREDENTIALING

Print Legal Name: _____

Mailing Address: _____

City: _____ Zip: _____

Preferred Method of Contact: email _____ phone _____

ICE Contact: Name: _____ Phone: _____

Please submit the following information:	
<input type="checkbox"/> Copy of Current State License	<input type="checkbox"/> N/A
<input type="checkbox"/> Copy of Current DEA Registration	<input type="checkbox"/> N/A
<input type="checkbox"/> Copy of Current Liability Insurance	<input type="checkbox"/> N/A
<input type="checkbox"/> Copy of Anesthesia Certificate (Dental Hygienists)	
<input type="checkbox"/> Copy of Radiology Certification (Dental Assistants)	
<input type="checkbox"/> Copy of CPR, ACLS or PALS certification (Dental Assistants)	
<input type="checkbox"/> Copy of Coronal Polishing Certification (Dental Assistants)	
<input type="checkbox"/> Copy of Dental Assisting School Diploma/Letter from Dentist Trainer (Dental Assistants)	
<input type="checkbox"/> Copy of Fingerprint Clearance	<input type="checkbox"/> Optional

It is the intent of the management of The Arizona Community Dental Clinic (ACDC) to protect the patients and all who work here -- be they paid employees or volunteers. You will have ample opportunity to familiarize yourself with Infection Prevention and OSHA requirements on site.

As a volunteer, you are expected to follow the same guidelines as the employees to prevent disease transmission in our workplace. We expect all volunteers to have a current TB test, influenza, tetanus, and HBV vaccination series with proof of immunity.

If you experience a bloodborne exposure, you may chose to be treated the same as ACDC would treat an employee though the cost of your immediate testing, while follow up will be your financial responsibility. Referral information for disease prevention and bloodborne exposure can be provided on request.

Signature: _____ Date: _____

Copies in File (for ACDC Use)	Verified by:	Date:
<input type="checkbox"/> Copy of Current State License	<input type="checkbox"/> N/A	Exp: _____
<input type="checkbox"/> Copy of Current DEA Registration	<input type="checkbox"/> N/A	Exp: _____
<input type="checkbox"/> Copy of Current Liability Insurance	<input type="checkbox"/> N/A	Exp: _____
<input type="checkbox"/> Copy of Anesthesia Certificate (Dental Hygienists)	<input type="checkbox"/> N/A	Exp: _____
<input type="checkbox"/> Copy of Radiology Certification (Dental Assistants)		
<input type="checkbox"/> Copy of CPR, ACLS or PALS certification (Dental Assistants)		
<input type="checkbox"/> Copy of Coronal Polishing Certification (Dental Assistants)		
<input type="checkbox"/> Copy of Dental Assisting School Diploma/Letter from Dentist Trainer (Dental Assistants)		
<input type="checkbox"/> Copy of Fingerprint Clearance	<input type="checkbox"/> Optional	
<input type="checkbox"/> Signed Confidentiality Agreement	<input type="checkbox"/> Signed Hold No Harm	
<input type="checkbox"/> Signed Orientation Checklist	<input type="checkbox"/> Signed HIPAA	
<input type="checkbox"/> Reviewed BODEX Complaint History	<input type="checkbox"/> N/A	(rvds 1/14)