

AUTHORITY: 10 USC 1094; DODM 602513.

PRINCIPAL PURPOSES: Information is used to effectively execute the Credentialing and Privileges program during emergency and disaster situations.

ROUTINE USES: Information is provided to official(s) responsible for all aspects of oversight, management, and administration of the Credentialing and Privileges Program.

DISCLOSURE: Mandatory.

Disaster Privileges Form

PROVIDER STATEMENT:

I certify that I am licensed/certified as a _____

in the state of _____, license # _____ (if available).

I certify that I have the practice in the specialty of _____.

I hereby volunteer my professional services to Naval Hospital Bremerton during this disaster and agree to practice, as directed, and under the supervision / observation of a member of the medical staff of NHB.

Practitioner Contact Information:

Printed Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email Address: _____

I acknowledge my privileges at Naval Hospital Bremerton shall immediately terminate once the emergency has ended, as notified by the hospital.

Practitioner Signature Date

NAVAL HOSPITAL BREMERTON DOCUMENTATION:

Instructions for Naval Hospital Bremerton staff: Insure legibility sand completeness of provider statement above. Valid government issued photo identification viewed **and** provider must meet one of the five criteria below. Complete and sign the form. Completed form to be turned in to Medical Staff Services after disaster is under control.

Valid government-issued photo ID viewed (circle one):

Driver's License Passport Military ID

1. _____ Current Hospital photo ID
ID# _____ issued by _____ expiration date _____

2. _____ Current medical/dental/nursing license
License # _____ issued by _____ expiration date _____

3. _____ Member of a Disaster Medical Assistance Team (DMAT) ID
ID# _____ issued by _____ expiration date _____

4. _____ ID certifying a state, federal or municipal entity has granted authority to administer patient care in emergency circumstances
ID# _____ issued by _____ expiration date _____

5. _____ Presentation by a current Naval Hospital Bremerton staff member with personal knowledge regarding practitioner's identity. NHB Staff Member: _____

The information provided by the practitioner was reviewed. On this basis, this practitioner is hereby granted emergency privileges to treat patients presenting to NHB during this disaster.

Head, Manpower Pool / Command Duty Officer / Medical Staff Services Professional (MSSP)

Signature Date

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Primary Source Verification (PSV) to be completed as soon as the disaster is under control, within 72 hours from the time the volunteer presents to NHB. In the extraordinary circumstance that PSV cannot be completed in 72 hours (e.g. no means of communication, lack of resources), verification will be done as soon as possible and the reason why PSV could not be performed in the required time frame will be documented.

License _____

Qualifying Degree _____

Internship/Residency/Fellowship _____

Current competence _____

Chairman, Medical Executive Committee

Date

Commanding Officer

Date