



Dear Pharmacist,

Please find enclosed the credentialing application for healthcare professionals who would like to volunteer their services at the Volunteers in Medicine of Southern Nevada clinic.

VMSN is applying for medical malpractice coverage for all healthcare professionals who work in our clinic through the federal government. This coverage is provided by the Federal Tort Claims Act (FTCA) and is similar to coverage that one would receive at military treatment centers, federal clinics, and the VA system.

In order to secure FTCA coverage, VMSN requires that all professionals treating patients in the clinic have completed the attached application and been credentialed. For all healthcare professionals other than physicians this involves filling out the VMSN application, and then having our credentialing specialist verify your licensure/certification and complete a National Practitioner Data Base search.

If you have malpractice coverage through your job or a private agency, you may be covered by that policy for volunteer work. The federal government recommends that all healthcare professional volunteers, who have private liability insurance, obtain a letter specifically stating whether or not that professional volunteer has malpractice coverage at a free clinic. If you do, VMSN will credential you as above, but will not submit your name for the formal FTCA application process. VMSN will instead require a copy of the letter sent straight to us from your insurer.

VMSN is run primarily by volunteers, and our services are completely free for patients. Since opening to the public on January 22, 2010, we are literally improving and even saving the lives of Clark County residents who have fallen through the cracks of our healthcare system. I look forward to receiving your completed application, and promise you that you will find working at VMSN a rich and rewarding experience.

Cordially,

Laura Culley, M.D.
Medical Director VMSN



Volunteers in Medicine
of Southern Nevada

**VMSN INC.
PHARMACIST APPLICATION**

Prior to participation as a provider with VMSN, all pharmacists must complete the credentialing procedure. Please send the information requested below to the following address:

**VMSN Inc.
4770 Harrison Drive
Suite 105
Las Vegas, NV 89121**

Please complete and return the **Pharmacist Application Personal Data** form to meet FTCA requirements.

All professionals must also provide copies of the following documents:

- 1. Government issued picture ID: driver's license or passport**
- 2. Current Nevada practitioner license**
- 3. Life support training (if applicable)**

In accordance with Program Information Notice 2004-24 (revised), hospitals or independent credentialing companies may serve as the Credentials Verification Organization (CVO). Also as required by the same Notice, all healthcare practitioners must submit a ten-year history of any malpractice claims.

As part of the credentialing process, providers have the following rights:

- 1. The right to review information submitted to support your credentialing application that is not protected by law;**
- 2. The right to correct erroneous information submitted to another party for use in the credentialing process and;**
- 3. The right to be informed of the status of your credentialing or re-credentialing application upon request.**

If you have any questions or concerns regarding your rights or your credentialing application, please call (702) 967-0530 or fax us at (702) 967-0538.



Volunteers in Medicine
of Southern Nevada

**VMSN INC.
PHARMACIST APPLICATION PERSONAL DATA**

1. Name _____
2. Other name(s) previously used _____
3. Social Security Number _____
4. Education: Please list schools attended, degrees/certification obtained and dates:

5. License/certification number _____ Exp date _____
6. Please list states you are licensed/certified in: _____
7. Place of birth _____ Date of birth _____
8. Gender _____ Citizenship _____
9. If not US Citizen: Visa # _____ Status _____ Exp date _____
10. Name of spouse/significant other _____
11. Local residence/address _____

12. Home phone number _____ Cell phone number _____
13. Email address _____
14. Any practice restrictions? _____
15. Languages spoken other than English _____