

FORM C
VOLUNTEERS IN MEDICINE - VERIFICATION OF EMPLOYMENT

INSTRUCTION: This form must be completed by the applicant's employer documenting the applicant's agreement not to receive compensation for any medical services rendered while practicing with a VIM license. This form must be completed by the agency, institution or facility where you will be doing the volunteer work and must complete and notarize this form. This form must be sent directly to the Georgia Composite Medical Board from the verifying authority.

I hereby attest that _____ who will be working in the employment of
PHYSICIAN'S NAME

_____ shall unequivocally not receive compensation for
FACILITY/AGENCY NAME

Any medical services he or she may render while in possession of a Volunteer in Medicine License.

I further attest that this is a public agency or institution, not for profit agency, not for profit institution; or not for profit corporation and further, we provide services only to indigent patients in medically underserved areas or critical need population areas of the State.

Printed name of OWNER/CEO

PHYSICIAN'S SIGNATURE

Printed name of Physician

FACILITY/INSTITUTION/AGENCY

ADDRESS

CITY/STATE/ZIP

(AREA CODE) TELEPHONE NUMBER

SIGNATURE OF OWNER/CEO

DATE

CITY

COUNTY

STATE

Sworn and subscribed to me this _____ day of _____, _____

My Commission Expires _____

(Notary Public)

NOTARY
SEAL
MUST
BE IMPRINTED
HERE