



Clinician Application

For Office Use Only

Date Received: _____

Accepted

Denied

Full Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Email _____

Phone #1 _____ Phone #2 _____

Gender Male Female Transgender Decline to State

Fluent Languages _____

Veteran/Branch Y N Branch _____

Employment Status _____

License Type and # _____ Expiration _____

Has any license ever been suspended, revoked, or subject to disciplinary action? Y N

Y: Explain _____

Previous First Responder Employment/Experience Y N

Describe _____

What are your primary reasons for wanting to be a clinician at ProSPeR?

How did you hear about ProSPeR? (Referred by) _____

I attest I am the person whose name appears at the top of this form and all information provided is accurate and true.

Signature: _____

Date: _____