



New Provider Form

Thank you for your interest in volunteering at Hope Wellness Center. Please complete this form and return it with your credentialing documentation to daniel@hopewellnessde.org or 1125 Forrest Ave, Suite 202, Dover, DE 19904.

Credentialing Requirements to be Attached:

- An active Delaware state license to practice
- DEA registration (if prescribing medications)
- Proof of malpractice insurance (the clinic maintains its own policy, but our insurance company requires a copy of your insurance on file, as well)
- An updated CV and/or resume
- Proof of any other training or credentials you feel are necessary to share

Your Name:

Credentials:

Profession:

Services Offered:

Preferred Phone Number:

Phone Type:

Email Address:

Emergency Contact:

Relationship:

Emergency Contact Phone Number:

How often would you like to volunteer?

Do you need a nurse or assistant when you volunteer?

Are there any requests for accommodations, equipment, or other needs you would like us to provide when you volunteer? If so, please describe here.

Please indicate any other limitations or preferences you would like us to consider.