Harmony Health Clinic
Ph: 501-375-4400
Fx: 501-375-4401
201 East Roosevelt Road
Little Rock, AR 72206
www.HarmonyClinicAR.org

Facsimile Cover Sheet

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<tr>
<th>Sending To</th>
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<tr>
<td>Attention: Volunteer Coordinator</td>
<td>From:</td>
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<tr>
<td>Fax: (501) 375-4401</td>
<td>Date:</td>
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<tr>
<td>Phone: (501) 375-4400</td>
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Notes:
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Harmony Health Clinic
CREDENTIALING FORM

NAME:

DEGREES:

CURRENT AFFILIATION (HOSPITALS WHERE YOU HAVE ACTIVE PRIVILEGES):

SEX:

DATE OF BIRTH:

ADDRESS (OFFICE):

ADDRESS (HOME):

TELEPHONE:  Office:  Home:  Cell:

FAX:

E-MAIL:

MEDICAL SCHOOL:

DATE OF GRADUATION:

INTERNSHIP:

RESIDENCY:

FELLOWSHIP:

ARKANSAS LICENSE NUMBER:

DATE OF EXPIRY:

DEA NUMBER:

NATIONAL PROVIDER NUMBER:

MALPRACTICE INSURANCE PROVIDER AND POLICY NUMBER:

PROFESSIONAL REFERENCES: 1. ________________________________

2. ________________________________
Harmony Health Clinic
Authorization and Release Form

I herby authorize the Harmony Health Clinic Credentialing Committee to contact the following agencies for records, recommendations, and other inquiry regarding my eligibility to volunteer at Harmony Health Clinic: (Please check all that apply)

[] Arkansas State Medical Board

[] Arkansas State Board of Nursing

[] Arkansas State Board of Pharmacy

[] Arkansas State Board of Dental Examiners

[] Arkansas Social Work Licensing Board

[] Current employer (Contact Person): ____________________________
(Address/email: ____________________________)

[] Previous employer(s):
(Please list: name of hospital/company, employment dates, contact person, address/email)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I release from liability all representatives of Harmony Clinic for acts performed to verify my eligibility and credentials to volunteer and all individuals and/or organizations who provide information concerning my qualifications.

________________________________________________               __________________
Signature of volunteer                                               Date