

# Relief Doctor Application

Please indicate your contact information, availability type and preferred location(s) for temporary work on the spaces indicated below. Information will be made available to entities seeking fill-in licensees.

License Number: \_\_\_\_\_

Contact Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Availability Basis:      Volunteer      Paid

Counties Willing to Cover: \_\_\_\_\_

\_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date signed: \_\_\_\_\_