

VERMONT DEPARTMENT OF MENTAL HEALTH

Commissioner Designation as a Physician Who Can Perform Emergency Examinations

APPLICATION

Physician Name:

Hospital Affiliation:

Physician License Number:

NPI Number:

Mailing Address:

Telephone Number:

Email:

Physician Specialty:

Board Certified:

Expiration:

Do you have any actions taken against you by the Vermont Board of Medical Practice?
(If yes, describe on a separate page.)

EMERGENCY EXAM TRAINING COMPLETION

QMHP classroom training provided by Vermont Department of Mental Health

Location:

Date Attended:

Online training (A completed quiz must be attached to this application form.)

Date of Completion:

I certify that the information provided is true and accurate. I agree to send the Vermont Department of Mental Health any changes to the above information as soon as possible. I acknowledge that as part of this designation the Department will check the Vermont Board of Medical Practice’s website to confirm the information above.

Physician Signature: _____

Date: _____

HOSPITAL MEDICAL STAFF ENDORSEMENT

Dr. _____ is in good standing at (hospital name)

and has no disciplinary action(s) from the medical staff organization.

This hospital endorses this physician to perform emergency evaluations.

Chief of Medical Staff (please print): _____

Signature: _____

Date: _____

Instructions:

1. Please complete this application form after attending the QMHP classroom training or completing the online training module for Physicians Conducting Emergency Exams on the Vermont Department of Mental Health’s website.
2. Attach quiz answers to your application for designation as a physician who can perform emergency exams.
3. Send both to: DMH Commissioner’s Office, Attn: Pamela Shover, 26 Terrace Street, Montpelier, VT 05609-1101