

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

**WAIVER REQUEST FOR AUXILIARY HEALTH CARE PROVIDERS RESIDING
GREATER THAN 50 MILES FROM AN ASSIGNED CLINIC/SICKBAY**

CG Auxiliariist Support to CG Health Care Facilities, COMDTINS T 6010.2C prohibits the accession of Auxiliary Health Care providers from being utilized at CG clinics or sickbays that are greater than 50 miles from where the Auxiliariist resides without a waiver from Commandant (CG - 11).

1. Date	2. Clinic, Sickbay, or HSWL SUPACT requesting waiver
3. Clinic, Sickbay, or HSWL SUPACT representative	4. CG Auxiliariist being considered for waiver

5. Specialty of Auxiliariist

6. What are the specific needs of the clinic or sickbay requesting this Auxiliariist?

7. What are the anticipated frequency and/or duration of such need?

8. How will the Auxiliariist be funded for travel to meet this need?

By the Unit By HSWL SUPACT By the Auxiliariist (*at own expense*)

9. By signing below, the CG Auxiliariist agrees to provide services as noted in the above requirements of this waiver request.

Signature of CG Auxiliariist

Date

Privacy Act Notice

Authority: The authority for collection of information including social security number (SSN) is found in the Privacy Act of 1974, 5 U.S.C. § 552a.

Purpose: This form provides the advice required by the Privacy Act of 1974. The personal information will facilitate and document our verification of your credentials. The SSN and date of birth for the member is required to identify and retrieve credentials verification documents.

Routine Uses: The primary use of this information is to provide, plan, and coordinate member's credentials and privileging information. This will aid the privileging authority to review the member's academic qualifications, make a determination of the member's clinical competence, and grant appropriate privileges requested.

Disclosure: For all personnel, the requested information is mandatory because of the need to document all credentials and privileging data. Furnishing this information (including your SSN) is voluntary; however, if the requested information is not furnished, establishment of eligibility and granting of privileges will not be possible. This information may be used by and disclosed to Department of Homeland Security (DHS) and Department of Defense (DoD) personnel and contractors or other agents who need the information to assist in activities related to credentialing and privileging of healthcare providers.

