

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**INFORMATION QUESTIONNAIRE FOR AUXILIARY HEALTH CARE PROVIDERS**

**This questionnaire provides information regarding your availability and ability to support CG Health Care activities.**

1. Name

2. Phone number

3. Address

4. Auxiliary Member Number, District, Division, Flotilla

5. E-mail Address

6. Medical/Dental/Nursing Specialty

7. Are you able to provide to CG Health Care Activities for at least 2 days per month during the work-week?

Yes  No

8. If so, how many work-week days per month?

9. If a need existed at a CG Health Care activity during an emergency requiring deployment of CG health care providers, would you be able to and willing to provide surge backfill medical support (for 1-2 weeks) at the CG medical/dental clinic that you support?

Yes  No

10. How much advance notice will you need to provide surge medical support?

- a. Less than one day  
 b. 1-3 days  
 c. More than 3 days but less than a week  
 d. Longer than 1 week  
 e. Generally won't be able to provide short notice, extended surge backfill support.

11. Most CG medical encounters are captured through data input into computer interfaces. Are you willing and able to use a computerized medical record system to document aspects of encounters you participate in and to do the coding for your encounters?

Yes  No

12. If you are a dentist, how often do you perform restorative dentistry?

Patients per week: \_\_\_\_\_ Patients per month: \_\_\_\_\_

Most recent date you performed restorative dentistry (*month/year*): \_\_\_\_\_

**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.

