

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

**REQUIRED APPLICATION INFORMATION FOR
AUXILIARY HEALTH CARE ACTIVITIES**

1. Name	2. Phone number
3. Address	
4. Auxiliary Member Number, District, Division, Flotilla	5. E-mail address
6. Employee ID	7. DOB (<i>mm/dd/yyyy</i>)
<p>8. Copy of the following credentialing documentation:</p> <ul style="list-style-type: none"> a. Active state licenses or state or federal registry certificate (with number and expiration date) b. Healthcare Provider Basic Life Support Certification (BLS) card with expiration date c. Diploma indicating school and date of graduation from medical/dental/professional school d. Controlled Substance Registration Certificates (DEA) (if applicable) e. Two letters of reference discussing moral character and medical/dental/professional qualifications f. Curriculum Vitae (resume) g. Board certification, if attained h. Certificate of internship, residency completed (<i>if applicable</i>) i. Most recent or current clinical privileges from hospitals/services where privileged that enumerate the procedures that you are authorized/qualified to perform (<i>if applicable</i>) 	
9. Information Questionnaire for Auxiliary Health Care Providers (CG-6032)	
10. The clinic, station, or unit where desiring to volunteer:	
a. Name of Senior Medical Executive (SME), Senior Dental Executive (SDE), Senior Health Services Officer (SHSO)/Field Office Director (FO DIR), or Officer in Charge (OINC).	b. Address of clinic, station, or unit
c. Phone number	d. E-mail address
11. Auxiliary instructor qualification	
a. Date	b. Is qualification current? Yes No

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.