

Required Background Check Information

Please complete ALL information as applicable to the Agency/Contractor/Volunteer Applicant

Last Name: _____ First Name: _____ M.I. _____

Home Address: _____

Phone Number: _____

Email Address: _____

Gender: _____

DOB: _____

SS#: _____

Occupational Field of Licensure/Title: _____

Clinical License and copy of document: _____

Registration Certificate # and copy of document: _____

Degree and copy of document: _____

DEA # and copy of document: _____

NPI #: _____

Copy of Liability Insurance/Expiration: _____

Provides Consultation Each (week, month, quarter) _____

Volunteers/Students Only---Duration of Internship: Date _____ to _____

Today's Date: _____

Email to: sally.phelix@nysvets.org and chelsey.franz@nysvets.org