

Steps Ahead Care Coordinator Information Sheet

Personal Information

Last Name	First Name	Middle Name	Suffix
Alabama License #	Expiration date of License		

Educational Background/Work History

(Please check the appropriate background)

- Social Worker**
 What type of Social Worker are you? Licensed License-Eligible
 What level of degree in Social Work do you have? BSW MSW

- Licensed Nurse**
 What type of nurse are you? LPN RN

- Other**
 Please describe: _____

Relevant Work History in OB Counseling or Low Income Populations

(Skip this section if you are attaching a resume' which contains this information)

Employer	Dates of Employment	General Description of Duties

Location Information

Name of Employer	Office Telephone #	Office Fax #	
Office Street Address	City	State	Zip
Payment address	City	State	Zip

Continued on back

Additional Information

Have you ever been disbarred from the Medicaid or Medicare practice? Yes No

If yes, please provide dates during which you were disbarred? _____ (Provide details on a separate sheet)

List the days and hours during which you see patients:

Day of Week	Hours seeing patients		
Monday	am/pm to	am/pm	<input type="checkbox"/> Closed
Tuesday	am/pm to	am/pm	<input type="checkbox"/> Closed
Wednesday	am/pm to	am/pm	<input type="checkbox"/> Closed
Thursday	am/pm to	am/pm	<input type="checkbox"/> Closed
Friday	am/pm to	am/pm	<input type="checkbox"/> Closed
Saturday	am/pm to	am/pm	<input type="checkbox"/> Closed
Sunday	am/pm to	am/pm	<input type="checkbox"/> Closed

List person(s) who provide back-up coverage:

Name	Phone	Location

All information submitted by me in this application is true to my best knowledge and belief. I hereby give permission to Primary Contractor to request information regarding my professional credentials and qualifications from educational facilities, professional certification boards, state regulatory and licensing departments, professional liability insurance carriers, other professional monitoring entities, present and past employers and other entities as needed. I release and agree to hold harmless the Primary Contractor and its affiliates to whom this information is given and their representatives, employees, and agents from any and all liability for any damages, costs, and expenses which may result from the gathering or use of such information, as long as such release or use of information is done in good faith and without malice.

Care Coordinator Signature

Date