



**CONTRACTOR/INTERN/STUDENT/VOLUNTEER  
INFORMATION DATA SHEET**

Name of Contractor/Student/Volunteer:		NPI Number:	
Address:			
City, State, Zip Code:			
Phone Number: ( )		Email:	
Date of Birth: / /		Sex:	
Name of Contractor/Student/Volunteer Program:			
Program Begin Date: / /		Program End Date: / /	
Supervisor's Name:		Supervisor's Title:	

*CARESTL Health requires all Contractor/Student/Volunteer to provide the health center with a copy of a Valid State Driver's License or State ID Card.*

**Please provide us with a Reference**

Name:
Address:
City, State, Zip Code:
Current Phone Number:
Valid Email Address:

**Please provide us with an Emergency Contact during your service with CARESTL Health:**

Name:
Address:
City, State, Zip Code:
Valid Phone Number:
Please list any current medical problems that we should be aware:

**Please list Name of School and Type of Internship and Your Specialty:**

Name of School:		
Type of Internship/Externship:		
<input type="checkbox"/> Medical Resident	<input type="checkbox"/> LPN Intern	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Chiropractic Intern	<input type="checkbox"/> Radiology
<input type="checkbox"/> Dental Resident	<input type="checkbox"/> Billing	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Dental Assistant	<input type="checkbox"/> Medical Administrative	<input type="checkbox"/> Pharmacist Tech
<input type="checkbox"/> Medical Assistant Intern	<input type="checkbox"/> Environmental	<input type="checkbox"/> Psychiatrist (Attending)
<input type="checkbox"/> RN Intern	<input type="checkbox"/> Registration	<input type="checkbox"/> Other

Date: \_\_\_\_\_