Jointly sponsored by COPIC and the Colorado Medical Society.

Volunteer Physician Opportunity Form

Street Address:	Organization	:	
Contact Name: Email:	Street Address: City, State, Zip:		
Email:			
Organization's Website:	Contact Nam	e:	
Brief description of the mission of your clinic/organization: Describe patient population served by volunteer physicians: Primary languages spoken by patients: English			
Describe patient population served by volunteer physicians: Primary languages spoken by patients: English Spanish Spanish In what areas does your clinic/organization need volunteer physicians: Clinical – direct patient care Clinical – oversight of other providers Clinical – advisory panel Non-clinical - board member Non-clinical - board member Family Medicine Pediatrics Cardiology	Organization's Website:		
Primary languages spoken by patients: English Spanish Please describe what a volunteer physician can do to help you accomplish the mission of your organization: In what areas does your clinic/organization need volunteer physicians: Clinical – direct patient care Clinical – oversight of other providers Clinical – advisory panel Non-clinical - board member Are there specific physician specialties you are seeking? Family Medicine Pediatrics Cardiology	Brief description of the mission of your clinic/organization:		
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☐ Clinical – oversight of other providers ☐ Clinical – advisory panel ☐ Non-clinical - board member ☐ Are there specific physician specialties you are seeking? ☐ Family Medicine ☐ Pediatrics ☐ Cardiology			
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□ Non-clinical - board member □		· · · · · · · · · · · · · · · · · · ·	
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