

Dear Doctor:

Yale-New Haven Hospital has enrolled as a “Participating Hospital” in the Statewide Emergency Credentialing Program. This Program has been established to provide “Participating Hospitals” with a statewide database to identify and expeditiously contact physicians and other medical staff members who have volunteered to provide assistance at institutions or locations other than their primary hospital in the case of a “declared emergency” or “public health emergency”.

“Participating Hospitals” will be responsible for documenting appropriateness of volunteers for inclusion in the database. Practitioners enrolled by a Participating Hospital must be members of the Hospital’s Active (“Attending” or “Associate”) or Affiliated Medical Staff as described in the Statewide Emergency Medical Staff Credentialing Program and Policy. Practitioners who volunteer to participate in the program agree to be contacted in emergency situations but retain the right to refuse to provide service under any circumstance and for any reason.

The following is the information that will be submitted by Yale-New Haven Hospital if you volunteer to participate and are included in the statewide database:

- Last Name
- First Name
- Middle Initial
- Degree
- Name of Participating Hospital
- Specialty
- CT State License Number
- Date of last reappointment (or date of initial appointment)
- Home Phone Number
- Beeper Number (if available)
- Cell Phone Number (if available)
- Office Phone Number(s)

If you are interested in volunteering for the Statewide Database, please sign and provide the contact information on the attached page. We, “the Participating Hospital”, will consider this signature as your authorization to release the required data fields as described above.

Thank you in advance for your cooperation.

Sincerely,

Peter N. Herbert, M.D.  
Chief of Staff

# YALE-NEW HAVEN HOSPITAL

## Emergency Medical Staff Volunteer Registration

By signing below, I agree to allow Yale-New Haven Hospital to provide the following information about me to other Participating Hospitals in Connecticut for purposes of contacting me in the case of a declared emergency or public health emergency:

- Last Name, First Name, Middle Initial
- Degree
- Specialty
- CT State License Number
- Date of Last Re-Appointment (or date of initial appointment)
- Home Phone Number
- Beeper Number
- Cell Phone Number
- Office Phone Number(s)

Depending upon need, though I have volunteered, I understand that I may not be included in Yale-New Haven Hospital's database.

I understand that I retain the right to refuse to volunteer for any reason. I agree to coordinate with Yale-New Haven Hospital if a request to volunteer conflicts with my schedule and obligations for providing care at Yale-New Haven Hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Beeper

\_\_\_\_\_  
Cell Phone

**Please notify the YNH Department of Physician Services at 203-688-2615 if any of the above information changes.**