

# Physician Volunteer Contact Information

COMPLETE AND MAIL OR FAX BACK TO MARYLAND BOARD OF PHYSICIANS

Please contact:

4201 Patterson Avenue  
Baltimore, Maryland 21215

Email: **Pgenco@dhmh.state.md.us**  
Telephone: (410) 764 - 4780  
Fax: (410) 358 - 2252

Yes, I would be willing to volunteer my time to provide medical care in an emergency situation.

Name \_\_\_\_\_ License# \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Pager \_\_\_\_\_ Cell \_\_\_\_\_ E-mail (home) \_\_\_\_\_

E-mail (work) \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Fax (home) \_\_\_\_\_ Fax (Work) \_\_\_\_\_

**GIVE US THE ONE BEST NUMBER OR E-MAIL ADDRESS THAT SHOULD BE USED IN THE EVENT OF AN ACTUAL EMERGENCY.**

Daytime: \_\_\_\_\_ Nighttime: \_\_\_\_\_

Check here if willing to serve in any area of the State, or list the counties in which you would prefer to volunteer:

\_\_\_\_\_  
Name of Practice: \_\_\_\_\_

Work Address: \_\_\_\_\_

County: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tell us about any particular training and experience you have regarding any of the specific agents.  
\_\_\_\_\_ chemical \_\_\_\_\_ biological \_\_\_\_\_ radiological (Check all that apply.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_