

ATTACHMENTS FOR FTCA PAL

Application for Amending the Sponsoring Free Clinic's Deeming Letter to Add Coverage for Free Clinic Board Members, Officers, Employees, and Individual Contractors for Professional Liability Protection Under the Federal Tort Claims Act (FTCA). **Please note that this does not include FTCA coverage for the Free Clinic Entity.**

SECTION I - APPLICANT INFORMATION	
FREE CLINIC NAME:	
CHIEF EXECUTIVE DIRECTOR NAME:	
FREE CLINIC FTCA #: (ex. FC1234)	
ADDRESS:	
TELEPHONE #:	FAX #:
E-MAIL ADDRESS:	
SECTION II - REQUEST TO ADD COVERAGE	
Does your free clinic currently have deemed volunteer health professionals (with a current deeming letter expiring on December 31, 2010)?	
YES	
NO	
Is your free clinic now applying for medical malpractice coverage for your free clinic board members, officers, employees and/or individual contractors?	
YES	
NO	
This free clinic:	
Has maintained the credentialing, privileging, and risk management systems documented in its last FTCA deeming application OR	
Has modified the credentialing, privileging, and/or risk management systems since the submission of its last FTCA deeming application.	
<i>Please explain any changes in the free clinic's credentialing, privileging, and risk management systems.</i>	
<i>Please attach additional sheets, if needed.</i>	

SECTION IV - SIGNATURES	
FREE CLINIC EXECUTIVE DIRECTOR NAME	DATE
FREE CLINIC MEDICAL DIRECTOR NAME	DATE