



# PROGRAM ASSISTANCE LETTER

**DOCUMENT NUMBER: 2024-08**

**DOCUMENT TITLE:** Calendar Year 2025  
Federal Tort Claims Act (FTCA) Deeming  
Sponsorship Application for Free Clinics

**DATE: June 10, 2024**

**TO:** Free Clinics  
Free Clinic Associations  
Primary Care Associations  
Primary Care Offices  
National Cooperative Agreements

## I. PURPOSE

This Program Assistance Letter (PAL) supersedes PAL 2023-04 and provides guidance on the Calendar Year (CY) 2025 Free Clinics Federal Tort Claims Act (FTCA) Program deeming sponsorship application process for liability protections, including FTCA coverage, pursuant to section 224(o) of the Public Health Service (PHS) Act, 42 U.S.C. § 233(o), for the performance of medical, surgical, dental, or related functions. This PAL contains instructions for free clinics on how to apply for deemed PHS employment (“FTCA deemed status”) for CY 2025 coverage<sup>1</sup> on behalf of their free clinic volunteer health professionals, board members, officers, employees, and individual contractors.

To obtain such protections for eligible individuals, free clinics that meet the statutory standards in section 224(o) must submit an annual FTCA deeming sponsorship application to the Health Resources and Services Administration (HRSA), which administers the Free Clinics FTCA Program. HRSA documents its deeming determination through a written notice of deeming action (NDA). **FTCA coverage does not extend to claims for injuries resulting from other alleged negligent acts (i.e., that do not result from the performance of medical, surgical, dental, or related functions) or to the acts or omissions of free clinic entities, which are not eligible for coverage, and is subject to all of the requirements set forth in section 224 of the PHS Act.** Please see the [Free Clinics FTCA Program Policy Guide](#) for further information.

**HRSA’s Electronic Handbooks (EHBs) system will be available to begin receiving CY 2025**

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<sup>1</sup> Initial Free Clinic volunteer applicants who apply under this PAL will have coverage commencing during the calendar year their application is approved (Example: CY 2024 or CY 2025).

**redeeming sponsorship applications on August 9, 2024. Redeeming sponsorship applications for CY 2025 coverage are due no later than October 7, 2024. Initial and supplemental deeming sponsorship applications (to add new personnel) may be submitted through the EHBs throughout the calendar year.**

## **II. KEY UPDATES AND CHANGES**

In this deeming cycle, the following changes were made to the Free Clinic application:

- Section III. Sponsoring Free Clinic Eligibility: A note was added to clarify the 501(c)3 documentation requirements for Free Clinics; and
- Section VII. Patient Visit Data: Language has been added to ensure Free Clinics provide precise and accurate data.

## **III. DEEMING SPONSORSHIP APPLICATION PROCEDURES AND THE FREE CLINIC ELECTRONIC HANDBOOK SYSTEM**

FTCA coverage under the Free Clinics FTCA Program does not occur automatically and is not retroactive. FTCA coverage is effective for a specifically named eligible individual and for a specified time period only after HRSA approves a deeming application submitted by a sponsoring free clinic on behalf of such individual (*see* 42 U.S.C. § 233(o); [Free Clinics FTCA Program Policy Guide](#)). **HRSA requires that all deeming sponsorship applications be submitted using HRSA's EHBs.**

Free clinics must submit a complete deeming sponsorship application through HRSA's EHBs in order to sponsor eligible individuals for deemed Public Health Service (PHS) employment (*See* 42 U.S.C. § 233(o); [Free Clinics FTCA Program Policy Guide](#)). The appropriate free clinic representative(s) must electronically sign the deeming sponsorship application by typing his or her name in the appropriate field and uploading all required documentation, including documentation of the sponsoring free clinic's nonprofit status, quality improvement/quality assurance (QI/QA) plan, risk management program, primary source verification of licensure and/or certification as applicable, and an explanation of any medical malpractice claims or any disciplinary actions regarding an eligible individual during a specified time period. Further details are found in Appendix A of the [Free Clinics FTCA Program Policy Guide](#). The required information must be uploaded as attachment files within the online deeming sponsorship application form.

### **A. INITIAL DEEMING SPONSORSHIP APPLICATIONS**

Initial deeming sponsorship applications must be submitted through the EHBs at: <https://grants.hrsa.gov/webexternal/> and may be submitted throughout the calendar year.

Free clinics that apply to the Free Clinics FTCA Program must have a Unique Entity

Identifier (UEI)<sup>2</sup> and be registered within the System for Award Management (SAM). The UEI, a “new, non-proprietary identifier” can be requested in, and assigned by, the System for Award Management ([SAM.gov](https://sam.gov)). For more details, visit the following webpage: [Government Services Administration \(GSA\) Web site](#).

There are no fees associated with the SAM registration process. This step must be completed in order to create an account and submit an initial deeming sponsorship application via the EHBs.

Technical assistance for obtaining an UEI number and registering with SAM can be found at [SAM.gov](https://sam.gov) or 866-606-8220.

The initial deeming sponsorship application requires a free clinic to provide information to demonstrate that it has fulfilled all applicable requirements, including:

- 1) Contact information for the sponsoring free clinic;
- 2) Location and manager(s) of free clinic’s sites (i.e., sites owned/operated by the free clinic where qualifying health services are provided);
- 3) Assurance that the sponsoring free clinic and individuals sponsored for deeming status meet the statutory eligibility criteria noted in the application;
- 4) Description of the free clinic’s credentialing and privileging systems;
- 5) Description of the free clinic’s risk management systems;
- 6) List of all individuals (i.e., volunteer health professionals, board members, officers, employees, and individual contractors) who the free clinic is sponsoring for FTCA deemed status;
- 7) Evidence that each licensed or certified individual was credentialed and privileged by the sponsoring free clinic on an initial and/or recurring basis (for example, every two years), including the specific dates such actions were taken and primary source verification of licensure/certification<sup>3</sup>; and
- 8) Assurance that all volunteer health professionals are licensed or certified to provide the health care services for which liability protections, including FTCA coverage, are available.

In addition to addressing the requirements noted above, an initial deeming sponsorship application must include the following attachments:

- 1) Documentation of non-profit status;
- 2) QI/QA plan with either a signature of an authorized board representative that notes the date of board approval or a dated copy of board minutes, with appropriate signature(s), documenting approval (either method of submission must evidence that approval was undertaken on a recurring basis, within 3 years prior to October 1 of the year for which the deeming determination would apply (i.e., for purposes of this PAL, within 3 years

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<sup>2</sup> A UEI number is a unique twelve-character alphanumeric value for each physical location of your business. UEI Number assignment is free for all businesses required to register with the federal government for contracts or grants.

<sup>3</sup> All volunteer health professionals must be currently licensed or certified to provide qualifying health care services at the free clinic. All state licensed or certified health professionals, including employees, contractors, and volunteers, need to be credentialed and privileged.

prior to October 1, 2024. Specifically, all plans must have approval dates that are after October 1, 2021);

- 3) Description of any and all (1) state board disciplinary actions and (2) state or federal court (including any FTCA) malpractice lawsuits filed against the free clinic and/or its sponsored eligible individuals within ten (10) years of the date the application is submitted (including pending claims), regardless of the outcome of the disciplinary action or lawsuit. The description should include a brief statement explaining whether the clinic implemented risk management activities in response to the allegations to mitigate the risk of similar claims in the future; and
- 4) Affirmation signature (entered as an electronic signature) by the Executive Director of the sponsoring free clinic that all statements and assertions made by the application are true under penalty of perjury.

## **B. REDEEMING SPONSORSHIP APPLICATIONS**

Redeeming sponsorship applications for CY 2025 coverage are due by October 7, 2024. **Failure to meet the deadline for submission of a redeeming sponsorship application will result in a requirement to submit an initial deeming sponsorship application.**

Free clinics that currently sponsor deemed individuals must reapply annually for continued FTCA coverage. The annual redeeming sponsorship application must be submitted through the EHBs at <https://grants.hrsa.gov/webExternal/>.

The redeeming sponsorship application requires a free clinic to provide the same core information as required in the initial deeming sponsorship application in order to demonstrate that it has fulfilled all statutory requirements (please see attached application for detailed program requirements), including:

- 1) Documentation of non-profit status;
- 2) Contact information for the sponsoring free clinic;
- 3) Location and manager(s) of free clinic sites;
- 4) Assurance that the sponsoring free clinic and individuals for whom deeming is sought meet the statutory eligibility criteria;
- 5) Description of the free clinic's credentialing and privileging systems;
- 6) Description of the free clinic's risk management systems;
- 7) List of all individuals (i.e., volunteer health professionals, board members, officers, employees, and individual contractors) whom the free clinic is sponsoring for FTCA deemed status;
- 8) Evidence that each licensed or certified individual was credentialed and privileged by the sponsoring free clinic on an initial and/or recurring basis, every two years, including the specific dates such actions were taken and primary source verification of licensure/certification<sup>4</sup>; and
- 9) Assurance that all volunteer health professionals are licensed or certified to provide the health care services for which liability protections, including FTCA coverage, are available.

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<sup>4</sup> See Footnote #3.

In addition to addressing the requirements noted above, a redeeming sponsorship application must include the following attachments:

- a. QI/QA plan or Risk Management Plan with either a signature of an authorized board representative that notes the date of board approval or a dated copy of board minutes, with appropriate signature(s), documenting approval (either method of submission must evidence that approval was undertaken on a recurring basis, within three (3) years from the due date of deeming application), and (i.e., for purposes of this PAL, within 3 years prior to October 1, 2024. Specifically, all plans must have approval dates that are after October 1, 2021);
- b. Description of any and all (1) state board disciplinary actions and (2) state or federal court (including any FTCA) malpractice lawsuits filed against the free clinic and/or its sponsored eligible individuals within ten (10) years of the date the application is submitted (including pending claims), regardless of the outcome of the disciplinary action or lawsuit. The description should include a brief statement explaining whether the clinic implemented risk management activities in response to the allegations to mitigate the risk of similar claims in the future; and
- c. Affirmation signature (entered as an electronic signature) by the Executive Director of the sponsoring free clinic that all statements and assertions made by the application are true under penalty of perjury.

### C. SUPPLEMENTAL DEEMING SPONSORSHIP APPLICATIONS

During the course of the calendar year, sponsoring free clinics may apply for additional eligible individuals to be deemed as PHS employees for purposes of liability protections/FTCA coverage. In order to request coverage for eligible individuals, a supplemental deeming sponsorship application must be completed, submitted, and approved by HRSA. **We strongly encourage sponsoring free clinics to include multiple individuals on a supplemental deeming sponsorship application, rather than submitting each application separately, to expedite the review and approval process.** The supplemental deeming sponsorship application must be submitted through the EHBs at: <https://grants.hrsa.gov/webExternal/>.

A supplemental deeming sponsorship application form requires:

- 1) Contact information for the sponsoring free clinic;
- 2) Assurance that the sponsoring free clinic and individuals for whom deeming is sought meet the statutory eligibility criteria noted in the application;
- 3) Assurance that the free clinic has maintained its credentialing, privileging, and risk management systems, or a description as to how the system(s) has been modified;
- 4) List of all additional individuals (i.e., volunteer health professionals, board members, officers, employees, and individual contractors) whom the free clinic is sponsoring for deemed employment status;
- 5) Evidence that each licensed or certified individual was credentialed and privileged by the sponsoring free clinic on an initial and/or recurring basis,

- every two years, including the specific dates such actions were taken and primary source verification of licensure/certification<sup>5</sup>; and
- 6) Assurance that all volunteer health professionals are licensed or certified to provide the health care services for which liability protections, including FTCA coverage, are available.

In addition to addressing the requirements noted above, a supplemental deeming sponsorship application must include the following:

- a. An uploaded copy of the new QI/QA plan or Risk Management Plan (**only** if it has changed since the most recent initial or redeeming deeming application);
- b. Description of any and all (1) state board disciplinary actions and (2) state or federal court (including any FTCA) malpractice lawsuits filed against the free clinic and/or its sponsored eligible individuals within ten (10) years of the date the application is submitted (including pending claims), regardless of the outcome of the disciplinary action or lawsuit. The description should include a brief statement explaining whether the clinic implemented risk management activities in response to the allegations to mitigate the risk of similar claims in the future; and
- c. Affirmation signatures (entered as an electronic signature) by the Executive Director of the sponsoring free clinic that all statements and assertions made by the application are true under penalty of perjury.

#### **IV. CALENDAR YEAR DATA COLLECTION**

Free clinics participating in the Free Clinics FTCA Program are required to submit an annual data report as part of their annual redeeming sponsorship application within the EHBs. Redeeming sponsorship applications will not be considered complete if the annual data report section is not completed. **As done in previous years, for the recently closed calendar year (CY 2023), free clinics are required to report the:**

- 1) Total number of FTCA-deemed individuals (including practitioners, board members, and officers);
- 2) Total number of FTCA-deemed providers; and
- 3) Total number of patient visits within the description of 42 U.S.C. § 233(o) conducted by FTCA-deemed providers.

For reporting purposes, patient visits must be:

- 1) Face-to-face contacts between a patient and a deemed provider;
- 2) Documented in a medical record maintained by the free clinic; and
- 3) Compliant with all applicable Free Clinics FTCA Program requirements.

The annual data report must be submitted with the redeeming sponsorship application by October 7, 2024.

#### **V. GENERAL APPLICATION SUBMISSION INSTRUCTIONS**

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<sup>5</sup> See Footnote #3.

To streamline the FTCA deeming sponsorship application submission and processing, free clinics must submit the deeming sponsorship application within the EHBs. Please do not submit a printed and scanned version of the application form. Supplemental deeming sponsorship applications must contain the names of new individuals whom the free clinic is sponsoring for deemed PHS employee status. Supplemental deeming sponsorship applications should only include currently deemed individuals if the relationship between the free clinic and those individuals is being updated, such as with a change in role or specialty.

All initial, redeeming, and supplemental deeming sponsorship applications require an uploaded attachment explaining disciplinary actions and lawsuits related to the performance of medical, surgical, dental, and related functions alleged against the eligible individuals applying for deeming and a brief statement of whether the clinic implemented appropriate risk management activities in response. Documentation related to a medical malpractice lawsuit must include: an explanation of the suit or allegation, medical specialty involved, and a brief statement of whether the clinic implemented appropriate risk management actions in response to the allegations or to mitigate the risk of similar claims in the future. Documentation related to a disciplinary action must include: nature and reason for the disciplinary action; timeframe (i.e. date of the event and the date disciplinary action occurred, where applicable); documentation from the appropriate professional board that states the individual is in good standing and/or a description of any practice restrictions on the licensee. This information is required for the past ten (10) years for initial and supplemental sponsorship applicants and five (5) years for redeeming sponsorship applicants. **Do not upload a report from the National Practitioner Data Bank (NPDB)**, as these reports do not describe the actions taken by the sponsoring free clinic in response to the claims and may disclose other information not required for this purpose.

If the deeming sponsorship application is incomplete or additional verification of information is required, the Executive Director and FTCA Contact listed on the application will both be notified via email. The sponsoring free clinic will have ten (10) business days from the date of notification to submit the requested information to complete its application. If the requested information is not received within the 10-day time period, individuals on whose behalf the free clinic is submitting a deeming or re-deeming sponsorship application may not be deemed by January 1, 2024, and therefore may experience a gap in medical malpractice liability protections/FTCA coverage.

## VI. CONTACT INFORMATION

For programmatic support regarding the Free Clinics FTCA Program, application requirements, and technical/EHBs support, contact:

Health Center Program Support

Phone: 1-877-464-4772, Option 1

Web contact form: <https://hrsa.force.com/support/s/>

8:00 a.m. to 5:30 p.m. ET, Monday through Friday (except Federal holidays)

/s/

James Macrae

Associate Administrator

Bureau of Primary Health Care

## FREE CLINICS FTCA PROGRAM APPLICATION

The following tables provide the information that will be collected in the initial, redeeming, and supplemental deeming sponsorship applications through the EHBs:

(This application is illustrative and the actual application may appear differently in HRSA’s Electronic Handbooks (EHBs) System)

<b>Section I. Contact Information*</b>	
<b>Executive Director</b> <ul style="list-style-type: none"> <li>● First Name:</li> <li>● Last Name:</li> <li>● E-mail:</li> <li>● Phone Number:</li> <li>● Fax Number:</li> </ul>	
<b>Medical Director</b> <ul style="list-style-type: none"> <li>● First Name:</li> <li>● Last Name:</li> <li>● E-mail:</li> <li>● Phone Number:</li> <li>● Fax Number:</li> </ul>	
<b>Risk Management Coordinator</b> <ul style="list-style-type: none"> <li>● First Name:</li> <li>● Last Name:</li> <li>● E-mail:</li> <li>● Phone Number:</li> <li>● Fax Number:</li> </ul>	
<b>FTCA Contact</b> <ul style="list-style-type: none"> <li>● First Name:</li> <li>● Last Name:</li> <li>● E-mail:</li> <li>● Phone Number:</li> <li>● Fax Number:</li> </ul>	
<b>*Upload state documentation indicating legal name change if legal name change occurred since last deeming sponsorship application.</b>	

<b>Section II. Site Information</b>	
<ul style="list-style-type: none"> <li>● Name:</li> <li>● Address:</li> <li>● Phone Number:</li> <li>● Fax Number:</li> <li>● E-mail:</li> <li>● Site Type:</li> <li>● Days/Hours of Operations:</li> </ul>	
<b>*All free clinic sites must be listed. Each site must be appropriately identified as the main site or as an additional site.</b>	



<b>Section III. Sponsoring Free Clinic Eligibility</b>	
<p><b>1. (Required for initial and redeeming applicants). The sponsoring free clinic is a registered nonprofit organization. Please attach nonprofit documentation.</b></p> <p><b>Note: The sponsoring free clinic must be clearly identified on the submitted documentation. If the documents do not align with the name on the application, you must provide updated documents.</b></p> <p><b>Attachment Control (Attachment A. Non-Profit Documentation (Maximum 5))</b></p>	
<input type="checkbox"/> Yes	
<p><b>2. The sponsoring free clinic and its sponsored individuals comply with the definitions relative to covered individuals (employees, contractors, volunteer health professionals, and board member and officers) as set forth in section III, “Covered Individuals”, of the <a href="#">Free Clinics FTCA Program Policy Guide</a>.</b></p>	
<input type="checkbox"/> Yes	
<p><b>3. The free clinic does not accept reimbursement from any third-party payor (including but not limited to reimbursement from an insurance policy, health plan, or other Federal or State health benefits program).</b></p>	
<input type="checkbox"/> Yes	
<p><b>4. The free clinic does not impose charges on patients either based on service provided or the ability to pay. (The free clinic may accept only volunteer donations from patients and other third parties.)</b></p>	
<input type="checkbox"/> Yes	
<p><b>5. The free clinic is licensed or certified in accordance with applicable law regarding the provision of health services.</b></p>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No (If no, then explain)	
<p><b>6. The free clinic and/or individual health professional provides each patient with a written notification explaining that the legal liability of the deemed individual is limited pursuant to section 224(o) of the Public Health Service Act, 42 U.S.C. 233(o).</b></p>	
<input type="checkbox"/> Yes	

<b>Section IV. Credentialing and Privileging Systems*</b>	
<p><b>*This section is required for all initial deeming and redeeming sponsorship applications. This section is required for supplemental deeming sponsorship applications if the free clinic has changed its credentialing and privileging system since the annual deeming or initial sponsorship application.</b></p>	
<p><b>1. The free clinic verifies licensure, certification, and/or registration of each licensed and/or certified individual according to the instructions in the <a href="#">Free Clinics FTCA Program Policy Guide</a>. (Please remember all volunteer health professionals must be licensed or certified to be eligible for deeming.)</b></p>	
<input type="checkbox"/> Yes	
<p><b>2. The free clinic has a copy of the current license, certification, and/or registration on file at the free clinic for each licensed and/or certified individual. (Please remember all volunteer health professionals must be licensed or certified to be eligible for deeming.)</b></p>	
<input type="checkbox"/> Yes	

<b>Section IV. Credentialing and Privileging Systems*</b>	
<b>3. If the free clinic contracts with a Credentialing Verification Organization (CVO) for CVO services, there is a written contractual agreement stating the specifics of these services.</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> N/A	
<b>4. The free clinic utilizes peer review activities when it privileges each licensed and/or certified individual according to the instructions in the <a href="#">Free Clinics FTCA Program Policy Guide</a>.</b>	
<input type="checkbox"/> Yes	
<b>5. The free clinic annually reviews any history of prior and current medical malpractice claims for each individual for whom deeming is sought.</b>	
<input type="checkbox"/> Yes	
<b>6. A National Practitioner Data Bank (NPDB) query is obtained and evaluated on a recurring basis (for example, every two years) for each licensed and/or certified individual according to the instructions in the <a href="#">Free Clinics FTCA Program Policy Guide</a>. Note: do NOT submit a copy of the NPDB report for any individual to HRSA.</b>	
<input type="checkbox"/> Yes	
<b>7. Name and contact information of the person and organization conducting credentialing/privileging.</b>	
Enter the name and contact information in the Comments section of this question.	

<b>Section V. Risk Management Systems*</b>	
<b>1. The free clinic maintains and implements policies and procedures for the provision of appropriate supervision and back up of clinical staff.</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No (If no, then explain)	
<b>2. The free clinic maintains a medical record for each patient receiving care from its organization.</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No (If no, then explain)	
<b>3. The free clinic has policies and procedures that address:</b>	
a. Triage <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Walk-in patients <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Telephone triage <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No for any of the above, then explain.	
<b>4. The free clinic has protocols that identify appropriate treatment and diagnostic procedures based on current standards of care.</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No (If no, then explain)	
<b>5. The free clinic has a tracking system for patients who miss appointments or require follow-up of referrals, hospitalization, diagnostics (for example, x-rays), or laboratory results.</b>	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No (If no, then explain)	

<b>Section V. Risk Management Systems*</b>
<b>6. The free clinic periodically reviews patients' medical records to verify quality, completeness, and legibility of written entries.</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No (If no, then explain)
<b>7. The free clinic has a written, current QI/QA or Risk Management plan that clearly addresses the clinic's credentialing and privileging process and has been signed by a board authorized representative on a recurring basis (for example, every three (3) years) (please attach a copy of the plan with documentation of board approval, including date of approval).</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No (If no, then explain)
Attach the free clinic's QI/QA or Risk Management Plan that has been approved, signed, and dated by a board authorized representative on a recurring basis (for example, every three (3) years): <ul style="list-style-type: none"> <li>This attachment is required for initial deeming and redeeming sponsorship applications. This attachment is required for supplemental deeming sponsorship applications if the free clinic has changed its QI/QA Plan since the annual redeeming sponsorship application.</li> </ul> Attachment Control (Attachment B. Copy of Clinic's QI/QA or Risk Management Plan (Maximum 1))
<b>8. The free clinic has regular, periodic meetings to review and assess quality assurance issues.</b>
<input type="checkbox"/> Yes (If yes, briefly describe the structure (e.g., frequency of meetings, individuals required to attend, etc.) of the committee that meets periodically to review and assess quality assurance issues.)
<input type="checkbox"/> No (If no, then explain)
<b>9. The free clinic considers findings from its peer review activities when reviewing and/or revising its QI/QA plan.</b>
<input type="checkbox"/> Yes (If yes, explain what information and process is utilized by the clinic when updating and revising the QI/QA plan.)
<input type="checkbox"/> No (If no, then explain)
<b>10. The free clinic utilizes quality assurance findings to modify policies to improve patient care.</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No (If no, then explain)
<b>11. The free clinic's FTCA-deemed individuals annually participate in risk management continuing education activities.</b>
<input type="checkbox"/> Yes (If yes, briefly describe the annual risk management educational activities that are available to health professionals.)
<input type="checkbox"/> No (If no, then explain)
<b>12. The free clinic has assured that each individual sponsored for FTCA deemed status has a copy of the <a href="#">Free Clinics FTCA Program Policy Guide</a>, and that his/her questions regarding FTCA medical malpractice coverage have been addressed.</b>
<input type="checkbox"/> Yes
<input type="checkbox"/> No (If no, then explain)
<b>*Required for initial deeming and redeeming sponsorship applications. Required for supplemental deeming sponsorship applications if the free clinic has changed its QI/QA Plan since the annual redeeming sponsorship application.</b>

<b>Section VI. Free Clinic Volunteer Health professionals, Board Members, Officers, Employees, and Individual Contractors*</b>	
<b>Add Individual Details</b>	
<ul style="list-style-type: none"> <li>• Prefix:</li> </ul>	
<ul style="list-style-type: none"> <li>• First Name:</li> <li>• Middle Name:</li> <li>• Last Name:</li> <li>• Professional Designation:</li> </ul>	
<b>Contact Information</b>	
<ul style="list-style-type: none"> <li>• Email Address:</li> <li>• Phone Number:</li> <li>• Fax Number:</li> <li>• Mailing Address:</li> </ul>	
<p><b>Is this volunteer a COVID-19 vaccination volunteer who will be volunteering solely to administer COVID-19 vaccinations?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Roles and Specialty</b></p> <ul style="list-style-type: none"> <li>• Role(s) in Free Clinic:</li> <li>• Specialty:</li> <li>• Others:</li> </ul> <p><b>Please enter how many hours on average the volunteer will work per month?</b></p> <p><b>Note:</b> <b>**Redeeming applicants should enter the average number of hours per month worked during the previous calendar year.**</b></p> <p><b>**Initial and supplemental applicants should enter the estimated or anticipated average number of hours the volunteer plans to work per month for the year that the application is submitted.**</b></p>	

**Section VI. Free Clinic Volunteer Health professionals, Board Members, Officers, Employees, and Individual Contractors\***

<p><b>Individual Type (select one):</b></p> <ul style="list-style-type: none"> <li>• New Applicant</li> <li>• Renewal Applicant</li> </ul> <p><b>Service Type</b></p> <ul style="list-style-type: none"> <li>• Clinical Work activities (Individuals that provide clinical care or participate in the supervision and oversight of clinical care)</li> <li>• Non-Clinical Activities (Individuals who conduct purely non-clinical or administrative activities)</li> <li>• Both Clinical and Non-Clinical (Individuals who conduct both clinical and non-clinical/administrative activities)</li> </ul> <p><b>Please select the status of the individual from the options below:</b></p> <ul style="list-style-type: none"> <li>• Employee</li> <li>• Individual contractor</li> <li>• Officer/Governing Board Member</li> <li>• Licensed or Certified Health Professional Volunteer</li> </ul>	
<p><b>Credentialing and Privileging</b></p> <ul style="list-style-type: none"> <li>• Date of Licensure/Certification Expiration</li> <li>• Is Licensure/Certification Currently Active? Yes/No. If No, please stop here. Select N/A if this individual is not licensed or certified.</li> <li>• Date of Last Credentialing:</li> <li>• Date of Last Privileging: [Please remember that all state licensed and/or certified health professionals need to be credentialed and privileged on a recurring basis (for example, every two years). Not mandatory for 'Board Members' and 'Executive' role.]</li> </ul>	
<p><b>Licensure and/or Certification</b></p> <p>Each sponsored VHP is required to be licensed or certified in accordance with applicable Federal and State laws to perform the services that are requested. [Note: <u>If the answer is No, this volunteer is not eligible for coverage under the Health Center Volunteer Health Professional Program, and should not be included in this application.</u>]</p> <p><b>Or</b></p>	

**Section VI. Free Clinic Volunteer Health professionals, Board Members, Officers, Employees, and Individual Contractors\***

<p>For VHPs that are solely administering COVID-19 vaccines, the individual is operating under a state or federal legislation, declaration, or exemption that permits the VHP to administer COVID- 19 vaccinations under a special grant of authority due to the ongoing COVID-19 pandemic.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Please upload one of the following:</b></p> <ol style="list-style-type: none"> <li><b>1) Upload primary source verification of current licensure and/or certification, or</b></li> <li><b>2) Upload all applicable documentation that demonstrates the VHP is allowed to provide services under a state or federal legislation, declaration, or exemption that permits the VHP to administer COVID-19 vaccinations under a special grant of authority due to the ongoing COVID-19 pandemic.</b></li> </ol>	
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<p><b>Medical Malpractice History</b></p> <ul style="list-style-type: none"> <li>• <b>For initial or supplemental applicants:</b> Does the sponsored VHP have any history of state board disciplinary actions and/or state or federal court (including any FTCA) malpractice claims within ten (10) years prior to the submission of this FTCA volunteer health professional deeming application? Include both pending and resolved administrative and civil claims.</li> </ul> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No [N/A]</p>	
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**Section VI. Free Clinic Volunteer Health professionals, Board Members, Officers, Employees, and Individual Contractors\***

- **For redeeming applicants:** Does the sponsored VHP have any history of state board disciplinary actions and/or state or federal court (including any FTCA) malpractice claims within five (5) years prior to the submission of this FTCA volunteer health professional deeming application? Include both pending and resolved administrative and civil claims.

Yes     No [N/A]

**If yes, attach a list of the claims or actions (include probationary actions). For each claim, suit, or action, include the following details and explanation:**

- **Area of practice/specialty**
- **Date of occurrence**
- **Summary of allegations**
- **Status or outcome of claim or action**

**Summary of how the sponsoring health center and sponsored individual volunteer have/will implement steps to mitigate the risk of such claims or actions in the future (if FTCA-related, only submit a summary if the case is closed. If the case has not been resolved, indicate this and do not include the summary).**

For disciplinary actions, you must include:

- nature and reason for the disciplinary action,
- timeframe (where applicable); and
- documentation from the appropriate professional board that states the individual is in good standing and/or a description of any practice restrictions on the licensee.

Do not submit an NPDB report for any individual.

**Attachment Control (Attachment C. Medical Malpractice Claims and Disciplinary Actions)**

**Section VI. Free Clinic Volunteer Health professionals, Board Members, Officers, Employees, and Individual Contractors\***

<p><b>Enter Your Comments</b></p> <ul style="list-style-type: none"> <li>• Comments: (Comments and an attachment with an explanation of each medical malpractice claim or disciplinary action are required for individuals where medical malpractice claims or disciplinary actions are indicated. Do NOT submit an NPDB report for any individual.)</li> </ul>	
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<p><b>*Notes:</b></p> <ul style="list-style-type: none"> <li>• Provide a list of ALL free clinic volunteer health professionals, board members, officers, employees, and individual contractors on whose behalf the free clinic is submitting an application for FTCA deemed status. Please note that free clinic volunteer health professionals must be licensed and/or certified by state or federal law to perform the services that are requested. Provide a physical address for ALL individuals on whose behalf the free clinic is submitting an application for FTCA deemed status. Physical addresses and phone numbers provided for individuals must be personal mailing addresses that are different than that of the clinic.</li> <li>• Specify the role in the free clinic for any individual the free clinic is sponsoring for FTCA deemed status. For each individual sponsored for deeming, disclose past medical malpractice claims or disciplinary actions for the past ten (10) years if submitting an initial or supplemental deeming sponsorship application or for the past five (5) years for redeeming sponsorship applications.</li> <li>• List the professional designation (for example: MD, NP, LPN) for all licensed and/or certified individuals for any individual the free clinic is sponsoring for FTCA deemed status. If the individual is not licensed and/or certified and does not have a professional designation, then enter “N/A” for “not applicable.”</li> <li>• Attach an explanation of each medical malpractice claim or disciplinary action (to include probationary actions) including explanations of the suit or allegation, medical specialty involved, and a brief statement of whether the clinic implemented appropriate risk management actions as needed in response to allegations to reduce the risk of future malpractice and future such claims. Documentation related to a disciplinary action must include: nature and reason for the disciplinary action; timeframe (where applicable); documentation from the appropriate professional board that states the individual is in good standing and/or a description of any practice restrictions on the licensee. Do NOT submit an NPDB report for any individual.</li> </ul>
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**Section VII. Patient Visit Data\***

<p>1. Total number of Free Clinics FTCA Program deemed individuals, (including health professionals, officers, board members, employees, or contractors, in the recently closed calendar year.</p>	
<p>2. Total number of Free Clinics FTCA Program deemed health professionals (including but not limited to clinical providers, such as doctors, nurses, medical assistants).</p>	



**Section VII. Patient Visit Data\***

**Note:** This number should not exceed the number reported within Section VII, item 1 above, in the recently closed calendar year. This number should include all individuals providing clinical services.

3. Total number of patient visits conducted by Free Clinics FTCA Program deemed providers in the recently closed calendar year.

\*Only required for the annual redeeming sponsorship application.

**Section VIII. Attachments**

**Attachment D. Other supporting Documentation (Maximum 5)**

Please attach any other supporting documentation.

**Section IX. Remarks**

**Are you interested in receiving FREE access to the Clinical Risk Management website? Registration provides you with continuing medical education training opportunities, sample policies and tools, e-newsletters covering current topics in patient safety and risk management, and more!**

**\*You may opt out of receiving email notifications at any time by contacting Health Center Program Support Phone: 1-877-464-4772, Option 1 8:00 a.m. to 5:30 p.m. ET, Monday through Friday (except Federal holidays) or web form: <https://hrsa.force.com/support/s/>.**

- Yes
- No

**Section X. Signatures**

**Certification and Signature**

I, \_\_\_\_\_ (Executive Director)\*, certify that this sponsoring free clinic meets the definition of a free clinic found in Section III of the HRSA/BPHC [Free Clinics FTCA Program Policy Guide](#) and that the information in this application and the related attachments is complete and accurate.

**\*The application must be signed by the Executive Director, as indicated Section I. Contact Information.**