

**AMERICAN OSTEOPATHIC ASSOCIATION
AUTOMATED PHYSICIAN EMERGENCY RESPONSE SYSTEM**

PERSONAL INFORMATION	
Name:	AOA #:
Address:	
City/State:	Zip:
Telephone:	Fax:
Email:	
Name of Emergency Contact:	
Emergency Contact Phone:	
LICENSE NUMBERS AND STATES	
License Number	State
License Number	State
License Number	State
SPECIALTY INFORMATION	
Specialty:	
Board Certifications:	
Specialty Skills related to emergency situations (forensic pathology, experience with crime teams, canine search units, etc.)	
COLLEGE	
College:	Graduate Date:
RESPONSE TIME	
Comments:	Able to respond immediately <input type="checkbox"/>
	Able to respond in 24 Hours <input type="checkbox"/>
	Able to respond in 48 Hours <input type="checkbox"/>
PROJECTED LENGTH OF SERVICE	
Comments:	1 to 3 days <input type="checkbox"/>
	3 days to 1 week <input type="checkbox"/>
	1 to 2 weeks <input type="checkbox"/>

I hereby confirm that the information I provided above is accurate, and contains no false statements concerning my personal and professional standing.

Signature

Date