



## DENTAL VOLUNTEER APPLICATION

Our community dental collaborative provides dental care services to Central Ohio residents who are experiencing access barriers to affordable oral health.

Volunteer Dentists have a choice of how to volunteer: Either see patients at our physical clinic operated on Monday evenings at the Columbus Public Health Department or, see PCC patients in their own practice.

### **MONDAY NIGHT DENTAL INITIATIVE**

- The Monday night clinic is located at the 2<sup>nd</sup> floor of the Columbus Public Health Department, on 240 Parsons Ave. Clinic hours are from 6:00PM-9:00PM
- Dentist must possess a current Ohio license to practice
- Physicians CareConnection provides a full liability insurance coverage for all volunteers
- You may pledge to volunteer to see patients at the clinic for either Extractions on the 2<sup>nd</sup> and 4<sup>th</sup> Mondays, or Restorations on the 3<sup>rd</sup> Mondays. Please sign-up for scheduling on: <http://signup.com/go/NmhRdqi>

**Providers volunteering at the Monday Night Clinic will receive the following support services when providing care to patients:**

- Central staff to coordinate patient care
- Medical interpreters
- In- house pharmacy or linkage to Prescription Assistance Programs (PAPs)
- A scheduling and patient tracking system

Please fill out this form so that we can be efficient in our communication and feedback process.

### ***VOLUNTEER INFORMATION!***

**YES! I would like to volunteer at the Monday Night Dental Initiative:**

myself *OR*  my group (please check one)

I/we pledge to accept \_\_\_\_\_ (enter number) Monday nights/ year, to provide the following services:

Restorative  Extractions  Both  Other (please specify) .....

**YES! I or my group would like to pledge to see patients in my practice to offer the following**

**services:**  Restorative  Extractions  Both  Other (please specify: .....

I/we pledge to accept \_\_\_\_\_ (Please enter the number of patients you or your group are willing to accept the first year).



GROUP NAME: \_\_\_\_\_ (please print)

DOCTOR NAME(S): \_\_\_\_\_

Please provide us with your preferred mode of communication:

PHONE Number: (\_\_\_\_) \_\_\_\_\_

FAX Number: (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_@\_\_\_\_\_

**PRACTICE INFORMATION:**

Specialty: \_\_\_\_\_

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

Address/city/state/zip \_\_\_\_\_

Office Manager/Administrator's name: \_\_\_\_\_

Office Manager/Administrator's phone number: \_\_\_\_\_

**HOSPITAL AFFILIATION/PREFERENCES:**

Please let us know your hospital affiliation/preference(s). This information will be used to manage the flow of referrals between doctors in the community. We will make every attempt to manage doctor referrals within your hospital preference(s). Please select your hospital preference(s) from the list below:

- \_\_\_\_\_ Mt. Carmel Health Systems
- \_\_\_\_\_ OhioHealth
- \_\_\_\_\_ The Ohio State Wexner Medical Center
- \_\_\_\_\_ No Hospital Preference

We will be contacting your office manager/administrator to schedule a training session. Our goal is to provide an organized, efficient system of care for our patients and the volunteer dentists. We will provide you with monthly updates of activities and progress. Please contact Mary Mutegi, if you have questions at: (614-884-2441) or mmutegi@pcchealth.org. Please return your completed application via fax (614-884-0123) or mail to: Physicians CareConnection 1390 Dublin Rd., Columbus, OH 43215