

Volunteer Physician Credential Verification

Printable working template | Complete with the school medical team before use.

Applicant information

- ☐ Physician full legal name _____
- ☐ Professional email / phone _____
- ☐ Specialty and employer / practice _____
- ☐ State(s) of intended event coverage _____

Verification - administrator only

- ☐ Identity checked via approved process _____
- ☐ Active medical license verified using official state board _____
- ☐ License number and jurisdiction recorded securely _____
- ☐ Any restrictions or disciplinary information reviewed as appropriate _____
- ☐ Relevant training / experience assessed for proposed role _____
- ☐ Required background / school clearance completed _____
- ☐ Malpractice / volunteer liability arrangements confirmed _____
- ☐ School or district approval obtained _____

Assignment controls

- ☐ Defined scope of sideline responsibilities agreed _____
- ☐ Venue EAP and athletic trainer contact shared _____
- ☐ Game / date / time and arrival confirmed _____
- ☐ Cancellation and backup process shared _____
- ☐ Approved by designated reviewer and dated _____

Data handling

- ☐ Restrict access to credential and identity records _____
- ☐ Do not publish license numbers, documents or personal details _____
- ☐ Set retention and deletion rules consistent with applicable requirements _____

Decision

- ☐ Approved / pending / not approved (circle) _____
- ☐ Reviewer name / role _____
- ☐ Verification date _____
- ☐ Reverification due date _____

Review note: Adapt to local school policy, athletic trainer guidance, medical oversight, applicable laws & regulations. This is a resource, not medical advice or a substitute for a professionally approved emergency action plan.

