

Return Registration to:
Center for Community Preparedness
ESAR-VHP Program
 8919 World Ministry Avenue, Ste. B
 Baton Rouge, LA 70810
 Email: mmstarks@dhh.la.gov
 Telephone: (225) 763-3566
 Fax: (225) 765-2794

Office Use Only	
License(s) Verified	_____
Forwarded to Program	_____
Forwarded to Region	_____
Credential Level	_____
Volunteer Number	_____

Pharmacy Emergency Systems for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

Registration Form

IDENTIFICATION INFORMATION: <i>(Please print or type ALL information)</i>											
Legal Name											
Last:		First:		Middle:							
Street Address:											
City:		State:		Zip Code:							
Home Telephone:			Cell Telephone :			Pager:					
Fax Number:				E-mail Address:							
Employer:											
Street Address:											
City:		State:		Zip Code:							
Type of pharmacy in which you practice: <input type="checkbox"/> Hospital <input type="checkbox"/> Retail <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____											
Do you own a pharmacy?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
Store Name:											
Street Address:											
City:		State:		Zip:							
Telephone Number:											
Does your pharmacy have a computer?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, what is the name of the software package?											
Military Experience:				<input type="checkbox"/> Yes <input type="checkbox"/> No				Social Security #:			
Date of Birth:			Gender:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Height (Feet/Inches):				
Driver's license#:			State issued:			Expiration date:					
Weight:			Color of Hair:			Color of Eyes:					
Do you speak any language other than English fluently?				<input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, what other language do you speak?											
Have you ever had a civil or criminal conviction in federal or state court, or had any adverse federal or State licensing actions, or been excluded from participation in federal or state health care programs? <input type="checkbox"/> Yes <input type="checkbox"/> No											
EDUCATIONAL INSTITUTIONS											
Name of Educational Institution			City/State			Degree and Date Conferred					

Please direct Pharmacy questions to: Debbie Mills, Tri-Regional Pharmacist at 337-262-5613

