



## PRACTITIONER APPLICATION

In addition to filling out this application form, followed by the Practitioner's Code of Conduct, we will need the following for completion. Please email these documents to Cornelia Wathen

[Cornelia@holistichealthcommunity.org](mailto:Cornelia@holistichealthcommunity.org) or mail your copies to: **Holistic Health Community Inc. PO Box 725, Stone Ridge, NY 12484**

- Professional Curriculum Vitae or Resume
- Copies of state licenses and/or certifications
- 2 References
- Certificate of liability naming HHC. When ordering your policy: please ask them to enter Holistic Health Community Inc. PO Box 725, Stone Ridge, NY 12484 on the certificate as “additional insured”. (Here is a company <https://www.insurancecanopy.com/holistic-health-community-inc> less expensive than other companies and, if purchased through this link, your COI will automatically include HHC as Additional Insured and will be sent to your email.) [Other companies: [www.htprofessionalassociation.com](http://www.professionalassociation.com) or [www.energymedicineprofessionalinsurance.com](http://www.energymedicineprofessionalinsurance.com)]

**First and Last Name:**

**Preferred Name:** *Skip this question if you do not call yourself anything other than your first and last name stated above.*

**Email Address:** *Please check for accuracy. This is how we will contact you.*

**Street Address:**

**Town/City:**

**State**

**Zip Code**

**Phone Number**

Date of Birth:\*

Today's Date

Emergency Contact Name:

Emergency Contact Phone Number:

What other languages do you speak besides English?

What skills would you like to contribute to the Holistic Health Community (for example: customer service, computer skills, grant writing, medical doctor, osteopath, nurse midwife, physician assistant, nurse practitioner, chiropractor, herbalist, acupuncturist ...)?

Why do you want to volunteer for the Holistic Health Community?

What would you like us to know about you (for example: special needs, time limitations, activity restrictions, career goals ...)?

Your Occupation:

Employment - Please check all that apply:

☐ Employed    ☐ Self-Employed    ☐ Un-employed    ☐ Retired    ☐ Student    ☐ Other:

Do you have any of the following certifications? *You will need to provide us with copies of these documents.*

☐ CPR    ☐ BLS    ☐ ALS    ☐ PALS    ☐ No, I do not have any of these certifications.

Other:

**Licenses & Certifications: *Please list the type of License, State of Licensure, License Number, Date of Expiration.***

I agree to volunteer my time at Community Holistic Healthcare Day and/or Virtual Holistic Healthcare Week, organized by the Holistic Health Community online or at the Marbletown Community Center in Stone Ridge, New York, or at Holistic Healthcare Events that are a part of the HHC Outreach Program, organized by the Holistic Health Community. I understand that any clients I see through Community Holistic Healthcare events are my private clients and that I am responsible for maintaining any appropriate records related to my services for these clients and for all other responsibilities that come with such a relationship. I understand that I may decline to see or treat a client, choose the manner of treatment, decide on the length of appointments and other matters, since this volunteer service is part of my practice. I have received a copy of the Holistic Health Community Code of Conduct (located above and on our website), and as a volunteer, and by my typing my name below, I have read, understood and agree to follow it.

TO AGREE, PLEASE TYPE YOUR FULL NAME.



***This Agreement shall apply to all practitioner volunteers involved with any aspect of the functioning, operations, or committee activities of the Holistic Health Community:***

- ⊙ To comply with professional standards: All licensed healthcare practitioners shall practice within their scope of practice as outlined in applicable New York State licensing regulations. Any practitioner not bound by licensure shall be ordained, and shall practice according to applicable national standards set forth by any professional organizations relevant to their area of practice or expertise.
- ⊙ Each practitioner is responsible to have on file with the Holistic Health Community a *current* license or certification and ordination. If any practitioner loses a health care license or is not a member in good standing within their field or does not have a license to touch within the state of New York, that practitioner must immediately withdraw any affiliation with the Holistic Health Community.
- ⊙ To comply with privacy regulations: Client confidentiality shall be maintained at all times. No client information shall be discussed in any public area. Any practitioner not directly involved in any given client's care shall not access patient medical records; the only exception is when records are reviewed confidentially among the volunteer practitioners on the client's behalf in accordance with the Informed Consent and Release.
- ⊙ The primary purpose of Community Holistic Healthcare Days and other healthcare events sponsored by the HHC, is to provide a community service; practitioners are not there with the primary purpose of building their practices. An area is designated for professional cards, brochures and other information.
- ⊙ For legal agent reasons: No practitioner or volunteer shall promote his or her expertise in the community in conjunction with his or her participation in the work of the Holistic Health Community unless the circumstances of such promotion have been approved by the Board of Directors of the Holistic Health Community.
- ⊙ All volunteers shall conduct themselves in a professional and ethical manner at all times and in any aspect of the Holistic Health Community operations or committee activities. All actions, verbal or written interactions and other behavior shall be such that the integrity of the Holistic Health Community is maintained at all times and that such actions and behaviors do not impede the process of the Holistic Health Community toward achieving its goals and mission. Concerns about operations, activities and/or volunteers shall not be discussed outside appropriate committee activities. Professionalism shall also be applied to the dress code for all volunteers at Holistic Health Community events.
- ⊙ The Board of Directors of the Holistic Health Community is responsible for reviewing concerns expressed by any volunteer or client, for conflict resolution and for problem solving and shall work to maintain the confidentiality and the dignity of any individual involved. This process shall include an impartial and objective review of all aspects of the concern involved.
- ⊙ No criminal behavior (such as theft or diagnosing without a license); no practicing without a license or certification and ordination; and no discriminatory or prejudicial behavior, actions or speech shall be tolerated at any time. Any such activity shall be cause for immediate suspension of the volunteer involved with follow-up and final recommendations to follow as appropriate.



**Agreement between the Holistic Health Community Inc.  
and Practitioners offering services at HHC events**

I, \_\_\_\_\_, with a practice located

at \_\_\_\_\_

am a practitioner of \_\_\_\_\_

and from time to time at my discretion, I volunteer my time at Community Holistic Healthcare Days in Stone Ridge, New York, at Virtual Community Holistic Healthcare Weeks offered by phone and zoom, or at Holistic Healthcare Events that are a part of the HHC Outreach Program, organized by the Holistic Health Community. I have received a copy of the **Agreement between the Holistic Health Community Inc. and Practitioners offering services at HHC events**, and as a volunteer, and by my signature below, I have read, understood and agreed to follow it. I understand that any clients I see at the Community Holistic Healthcare Days or the Virtual Holistic Healthcare Weeks by phone or zoom, or the HHC Outreach Program events are my private clients and that I am responsible for maintaining any appropriate records related to my services for these clients and for all other responsibilities that come with such a relationship. I understand that I may decline to see or treat a client, choose the manner of treatment, decide on the length of appointments and other matters, since this volunteer service is part of my practice.

\_\_\_\_\_  
Signature and Title (if appropriate)

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Please Print Name