



Date: \_\_\_\_\_

## Professional Standards Form

CHAPTER \_\_\_\_\_

As of 2002, it is necessary for all local chapters to keep a compilative list of all licensed professionals on file in addition to this signed form accompanied by a copy of the professional license.

DATE OF THIS FORM: \_\_\_\_\_

TITLE ON PROFESSIONAL LICENSE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

STATE: \_\_\_\_\_

*(PLEASE PRINT)*

I, \_\_\_\_\_, am a registered

\_\_\_\_\_ and certify that I am a member in good standing in my local medical community and maintain a current and valid license (copy included) to perform the services listed above in the service of the Flying Samaritans.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Linda Bernhardt  
Professional Standards International Committee  
Gold Coast Chapter President*