



Florida Reimbursement Assistance for Medical Education (FRAME) |

Primary Care/Mental Health

Volunteer Hours Verification Form

Please use one form for each day and each location where you provide volunteer services.

SECTION 1. Volunteer's Information

Volunteer's Name: _____ License: Prefix _____ Number: _____

Are you already a contracted member of the Voluntary Health Care Provider Program (VHCPP) ☐ Yes ☐ No

SECTION 2. Volunteer Service

Volunteer services were provided at: ☐ Free clinic¹
☐ A volunteer program operated pursuant to section IV of chapter 10, Florida Statutes

Agency/Department/Entity Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

County: _____

Contact Name: _____

Telephone Number: _____

Event Name (if applicable): _____

Event/Service Type: _____

Volunteer Service Location Address: _____

Volunteer Service Date: _____

Volunteer Hours: _____

SECTION 3. Attestation

It is attested by the signatures below that all information and statements contained herein are true and do not misrepresent fact. Information has not been evaded or suppressed in this verification form. The FRAME program applicant provided services as described in this form and for the date and hours specified on the form.

I also attest that the entity mentioned above did not pay the individual identified herein for their services, nor did/will they bill for the services provided to low-income patients.

Volunteer Entity Staff's Signature

Date

I also attest that the entity did not pay me for the provision of services performed nor did/will I bill for the services provided to low-income patients.

Volunteer's Signature

Date

Signatures must be in ink.

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.

¹A "free clinic" means a clinic that delivers only medical diagnostic services or nonsurgical medical treatment (including mental health services/treatment) free of charge to all low-income recipients.