Florida Reimbursement Assistance for Medical Education | FRAME[dental]

Dental Program

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 dental services were provided at:

☐ Free clinic[1] in a dental HPSA
☐ A volunteer program pursuant to part IV of chapter 110
☐ A pro bono program approved by the Florida Board of Dentistry

Agency/Department/Entity Name:			
Address:			
City:	State:	ZIP:	County:
Contact Name:	Telephone Number:		

Event Name (if applicable):	
Event/Service Type:	
Volunteer Service Location Address:	
Dental HPSA Information for Service Location (required for free clinic only): HPSA Name:	HPSA ID Number:
Volunteer Service Date:	Volunteer Hours:

SECTION 3. Attestations

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[dental] program volunteer provided services as described in this form and for the date and time 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.

[1]A "free clinic" means a clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients. Dental services are included as part of such medical treatment or services.