LSU HEALTH SCIENCES CENTER
Volunteer Physicians Credentialing

DATE	Name & Title of Individual Completing Log

NAME	Physician License #	Board Certified or Eligible Specialty	Hospital Affiliation	Date/Time in Labor Pool	Assignment Area	Date & Time to Assignment	Time Released from Labor Pool Duties	*Approval

***Medical Staff Director or Emergency Incident Commander must approve prior to Volunteer Physician being allowed to treat patients**