



The 1917 Clinic

a member of the UAB Health System

Outpatient / Research / Dental Clinics

New Hire

Visitor / Intern

Volunteer

Contact Information

Full Name _____

Street Address _____

City, State, Zip _____

Email Address _____

Phone, home _____

Phone, cell _____

Emergency Contact 1 _____

Emergency Phone 1 _____

Emergency Contact 2 _____

Emergency Phone 2 _____

Visitor/Intern/Volunteer

Purpose of visit: (please include University attending, academic interests, degrees earned or other pertinent information to ensure appropriate placement at the 1917 Clinic)

Location of Assignment:

Department (e.g., Nursing, Social Work, Research, Dental) _____

Departmental contact _____

New Hire

University of Alabama Birmingham

Health Services Foundation

Title _____

SSN _____

Date of Hire _____

Date of Birth _____

Physicians

DEA # _____

NPI # _____

AL license # _____

Return completed form to Karl McClure, CCB245 or kmcclure@uab.edu