

**UNITED STATES OLYMPIC COMMITTEE  
PERFORMANCE SERVICES DIVISION MEDICAL VOLUNTEER PROGRAM  
Doctor of Chiropractic Application**

FULL LEGAL NAME: \_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_ Social Security # \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_  
Month Day Year

Passport # \_\_\_\_\_

<u>Work Address:</u>	<u>Home Address:</u>
_____	_____
_____	_____
County: _____	County: _____
Telephone: _____	Telephone: _____
Cell: _____	Cell: _____
FAX: _____	FAX: _____
E-mail: _____	E-mail: _____

**\*\*\*You are responsible for keeping your address and telephone number up-to-date with the USOC\*\*\***

**EDUCATION**

Institution Granting Degree: \_\_\_\_\_

Date? \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Country

Highest Degree: \_\_\_\_\_

Specialty Training: \_\_\_\_\_

Do You Have Specialty Training Beyond D.C.? If so, List: \_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL INFORMATION**

Medical License – Please List All Professional Licenses Ever Held:

State	License #	Type	Effective Date	Currently Valid?
_____	_____	_____	_____	Yes _____ No _____
_____	_____	_____	_____	Yes _____ No _____

National Provider Identifier (NPI) Number: \_\_\_\_\_

Any Facilities Where You May Have Clinical Privileges:

Name	City, State	Type of Privileges (active, courtesy, provisional)	Are Privileges Restricted?
_____	_____	_____	Yes _____ No _____
_____	_____	_____	Yes _____ No _____

<b>DO YOU SKI?</b>	Yes _____	No _____	
At what level?	Beginner _____	Intermediate _____	Expert _____

Professional Sports Medicine Society Memberships: \_\_\_\_\_

Are you Presently Working with any National Governing Bodies? If so, please list:

NGB Sport: \_\_\_\_\_ NGB Team \_\_\_\_\_

Other Sport: \_\_\_\_\_ Other Team: \_\_\_\_\_

What Type of Care Do You Provide (i.e. Office, Practice, Competition)? \_\_\_\_\_

- Have you been unable to practice medicine during the last two years for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

- Have you ever been convicted of a felony or any misdemeanor, or are you presently formally charged with committing a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_  
If the answer is yes, furnish details of the conviction, offense, location, date and sentence on a separate piece of paper.

- Do you have any physical or mental condition or substance abuse problem that could affect your ability to exercise your clinical privileges or that require an accommodation for you to exercise those privileges safely and competently? Yes \_\_\_\_\_ No \_\_\_\_\_

- In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed for you by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_  
If your answer is yes, please furnish details on a separate piece of paper.

- During the past five (5) years, have you had any malpractice claims made against you? Yes \_\_\_\_\_ No \_\_\_\_\_

- Have you ever voluntarily relinquished your medical privileges? Yes \_\_\_\_\_ No \_\_\_\_\_

- Have you ever had any actions taken against your license to practice or professional certification, including restriction or suspension? Yes \_\_\_\_\_ No \_\_\_\_\_

- I authorize the United States Olympic Committee Performance Services Division to make inquiries of law enforcement agencies and courts with respect to my public record. I make this authorization based upon the Code of Federal Regulations 1301.90,93.

***"By accepting an invitation to serve as a volunteer Doctor of Chiropractic in the United States Olympic Committee Performance Services Medical Volunteer program, I understand that I will function without pay or recompense as a licensed Doctor of Chiropractic under the general supervision of its Medical Officer. I accept complete responsibility for the professional attentions that I provide or choose not to provide".***

***In signing this application, I affirm that all information is complete and accurate:***

**Signature:** \_\_\_\_\_

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

***If you are interested in volunteering, please complete this form in full and include application fee of \$100.00 to cover cost of credential verification, and return to:***

***United States Olympic Committee  
Performance Services Division  
1 Olympic Plaza  
Colorado Springs, CO 80909***

**NOTICE TO CALIFORNIA APPLICANTS - ONLY**

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by The United States Olympic Committee Performance Services Division by checking the box provided below. The report will be provided to you within three (3) business days after we receive the requested reports related to the matter investigated.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you USOC Performance Services Division during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the USOC Performance Services Division in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper

# United States Olympic Committee

## MEDICAL CREDENTIALING RELEASE FORM

This authorization is provided in connection with my application for the United States Olympic Committee Performance Services Medical Volunteer Program and/or participation in a USOC event.

All information provided in or in connection with my application is true and correct to the best of my knowledge and belief. I authorize the USOC Performance Services Division to verify and supplement this information. I authorize any and all persons and organizations having knowledge of my professional qualifications and credentials to provide information to the USOC Performance Services Division including but, not limited to, PrimeSource Web. The National Practitioner Data Bank; The American Medical Association; The Federation of State Medical Boards; The American Board of Medical Specialties; USIS Commercial Services; any applicable state medical board(s); the Drug Enforcement Agency; any malpractice insurance carrier; any hospital, HMO or other medical facility where I have practiced; and, any state or federal government agency. This information to be provided hereunder includes, without limitation, favorable and unfavorable information, including any state or hospital disciplinary actions or proceedings, medical malpractice coverage and claims, suits and settlements, licensing and certification information, DEA registration, medical training, hospital affiliations, performance records, criminal records, and similar or related information.

I hereby release each person and organization described above from and against any and all liability caused by or related to any good faith communication pursuant to this authorization.

I understand that, if I am accepted by the USOC Performance Services Division, re-verification of my credentials will be periodically required. Therefore, this authorization shall remain valid for so long as I maintain a professional relationship with the USOC Performance Services Division. I may cancel this authorization at any time with written notice.

A photocopy of this authorization is as valid as the original.

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Practitioner Name (Print)

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Date of Birth

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Social Security Number

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Signature

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Date Signed

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Any Other Name(s) Possibly in Records and date when name was changed



**United States Olympic Committee**  
**Performance Services Medical Volunteer**  
**Curriculum Vitae form**

<b>NAME:</b> _____	<b>DATE:</b> _____
<b>PERSONAL</b>	
Date of Birth: _____	
Place of Birth: _____	

**Employment History Including Current Employment and Addresses: SEVEN YEAR HISTORY**

(Explain any lapses in employment or working history)

<b>Current Employer:</b> _____
<b>Address</b> _____
<b>County and State</b> _____
<b>Telephone:</b> _____
<b>Dates of Employment</b> From: _____ to _____
<b>Brief Summary of Responsibilities</b> _____
_____
_____
_____

<b>Previous Employer:</b> _____
<b>Address</b> _____
<b>County and State</b> _____
<b>Telephone:</b> _____
<b>Dates of Employment</b> From: _____ to _____
<b>Brief Summary of Responsibilities</b> _____
_____
_____
_____

Previous Employer:

Address

County and State

Telephone:

Dates of Employment

From: \_\_\_\_\_ to \_\_\_\_\_

Brief Summary of Responsibilities

Previous Employer:

Address

County and State

Telephone:

Dates of Employment

From: \_\_\_\_\_ to \_\_\_\_\_

Brief Summary of Responsibilities

Board Certification

Date

Professional  
Licensure

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

State: \_\_\_\_\_ License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Initial Physical Therapy  
license

State: \_\_\_\_\_ License #: \_\_\_\_\_ Date Acquired: \_\_\_\_\_

Expired: \_\_\_\_\_

<b>EDUCATION</b>	
Undergraduate	_____
Date Completed:	_____
Graduate	_____
Date Completed:	_____
Doctoral	_____
Date Completed:	_____
Medical	_____
Date Completed:	_____
Internship	_____
Date Completed:	_____
Residency	_____
Date Completed:	_____
Fellowship	_____
Date Completed:	_____

<b>HONORS &amp; AWARDS</b>	
	_____
	_____
	_____
	_____

<b>LANGUAGES</b>	
	_____
	_____



# USOC PERFORMANCE SERVICES MEDICAL VOLUNTEER PROGRAM

## Olympic Training Center (OTC)

### Selection Procedures

United States Olympic Committee

Performance Services Division

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#### **Preface:**

Volunteer physicians, chiropractors certified athletic trainers, physical therapists, and massage therapists, together with the USOC's full-time medical staff provide health care services to athletes registered at the Olympic Training Centers at Colorado Springs, San Diego and Lake Placid. From this pool of volunteers, medical staff for USOC-sponsored competitions is selected.

The number of volunteer applicants exceeds the USOC's capabilities to utilize them in a timely fashion. The following criteria classify each applicant.

#### **Qualification Criteria:**

##### **\* *All volunteers:***

1. Must be United States citizens.
2. Must complete attached USOC curriculum vitae form in full. You may also submit your own CV or resume in addition to the USOC form.
3. Sign attached Credential Release form authorizing a background check.
4. Submit the appropriate fee to cover cost of background check. Payment is by check made out to the USOC.
  - a. \$30.00 for Certified Athletic Trainers and Massage Therapists
  - b. \$40.00 for Licensed Physical Therapists
  - c. \$100.00 for Physicians and Chiropractors
5. Five years of ongoing professional experience post certification or licensure.
6. Never been convicted of a felony or any conviction for Health Care fraud.

##### **\* *Physicians:***

1. Physicians must possess a valid state medical license and be eligible for temporary licensure either in Colorado or New York. No requirement for temporary licensure in California.
2. Must currently be Board Certified.
3. May not have any limitations, restrictions, or disciplinary sanctions against their medical licenses or DEA or CDS certificate. Must have a current, valid DEA certificate.
4. Must have malpractice insurance. While volunteering, your insurance is primary; the USOC's insurance provides excess coverage. If the physician is sued independent from the USOC for actions or inactions on behalf of the USOC, the USOC cannot guarantee that the volunteer will be covered by USOC insurance. Applicants may not have excessive malpractice claims.
5. May not have any actions or sanctions or discipline on clinical privileges or employment as the result of sexual abuse/harassment, or substance abuse.
6. At any time while serving in the USOC's medical volunteer program, the USOC must be notified by the volunteer of any pending criminal charges or disciplinary action by any medical organization, board, or licensing agency as soon as they are filed.
7. Must provide on-site care for sports team(s) they cover and must have attended practice and competitions during the previous two years. A letter of recommendation from an Athletic Director, Head Coach, or NGB Administrator verifying your participation in providing medical services to a sports team(s) and the length of time.
8. It is recommended that physicians complete the American College of Sports Medicine Team Physician Course series.

\* ***Chiropractors:***

1. Chiropractors must possess a valid state chiropractic license.
2. Must provide on-site care for sports team(s) they cover and must have attended practice and competitions during the previous two years. A letter of recommendation from an Athletic Director, Head Coach, or NGB Administrator verifying your participation in providing medical services to a sports team(s) and the length of time.
3. May not have any disciplinary license actions.

\* ***Certified Athletic Trainers:***

1. Must be certified by the National Athletic Trainers' Association (NATA).
2. Must provide on-site care for sports team(s) they cover and must have attended practice and competitions during the previous two years. A letter of recommendation from an Athletic Director, Head Coach, or NGB Administrator verifying your participation in providing medical services to a sports team(s) and the length of time.
3. If residing in a state where athletic trainers are licensed, volunteer must have a valid state license.
4. May not have any disciplinary license actions.

\* ***Licensed Physical Therapists:***

1. Must have a current state license – provide copy of said license for background check.
2. Must provide on-site care for sports team(s) they cover and must have attended practice and competitions during the previous two years. A letter of recommendation from an Athletic Director, Head Coach, or NGB Administrator verifying your participation in providing medical services to a sports team(s) and the length of time.
3. May not have any disciplinary license actions.
4. Must have a current California licensure to provide services in Chula Vista.
5. For service in Colorado Springs, must obtain verification from the home state licensing board that your license is in good standing. We submit this verification to the state of Colorado.

\* ***Massage Therapists:***

1. Massage therapists must have a minimum of 750 hours of education. Documentation of education hours and graduation year are required.
2. At least 5 years of experience with an athletic team(s).
3. A letter of reference must be submitted from an athletic director, head coach, or National Governing Body (NGB) administrator stating the time period they are/were actually involved in providing care for sports team(s).
4. All massage therapists must also provide a copy of their massage therapy insurance including the association and amount of coverage.

### **Scheduling Considerations:**

1. Physicians, chiropractors, certified athletic trainers, physical therapists, and massage therapists turning down their first invitation, will have two additional opportunities for invitation within a two year period.
2. The applicant is removed from active consideration after three unaccepted invitations within a two-year period.
3. A limited number of NGB-identified volunteers are permitted priority program entry.

### **Physician Duties**

Act as team physician responsible for the medical care of all athletes, coaches and guests residing at an Olympic Training Center.

Specific responsibilities may include:

1. Working alongside the certified athletic trainers, physical therapists, and massage therapists in order to provide continuity of care and a cohesive medical team.
2. Covering field events as necessary.
3. Interfacing with local community medical resources.
4. Understand doping control/drug testing regulations and procedures.
5. Follow all established procedures and documentation for the evaluation and treatment of all athletes, coaches and guests in the cases of injury, illness, or other emergency, as outlined by the USOC medical staff.
6. Maintain injury/illness records. Ensure that all records are complete.

### **Chiropractor Duties**

Provide chiropractic care for all athletes, coaches and guests at an Olympic Training Center. Specific responsibilities may include:

1. Assist in the medical care for athletes in the sports medicine clinic.
2. Working alongside the physician, certified athletic trainers, physical therapists, and massage therapists in order to provide continuity of care and a cohesive medical team.
3. Understand doping control/drug testing regulations and procedures.
4. Follow all established procedures and documentation for the evaluation and treatment of all athletes, coaches and guests in the cases of injury, illness, or other emergency, as outlined by the OTC medical staff.
5. Maintain injury/illness records, daily treatment logs and athlete visits. Ensure that all records are complete.

## **Certified Athletic Trainer and/or Licensed Physical Therapist Duties**

Upon arrival at the Olympic Trainer Center, certified athletic trainers and/or physical therapists may be assigned to a team. Specific responsibilities may include:

1. Pre-practice set-up, post-practice tear-down, and attendance of all practices and competitions of the assigned sport.
2. Assist in the medical care for athletes in the Sports Medicine Clinic, including pre and post training requirements, bracings, taping, manual therapy, stretching and physical modality treatments.
3. Working with the Performance Services team in order to provide continuity of care and a comprehensive medical team.
4. Understand doping control/drug testing regulations and procedures.
5. Follow all established procedures and documentation for the evaluation and treatment of all athletes, coaches and guests in the cases of injury, illness, or other emergency, as outlined by the OTC medical staff.
6. Maintain injury/illness records, daily treatment logs and athlete visits. Ensure that all records are complete.
7. After-hour on-call emergency care and coverage as assigned.

## **Massage Therapist Duties**

1. Evaluate musculoskeletal dysfunctions and utilize appropriate massage techniques for all registered resident and national team athletes.
2. Work along side and communicate with the certified athletic trainers, physician, physical therapist and chiropractor in order to provide continuity of care and a cohesive medical team.
3. Understand doping control/drug testing regulations and procedures.
4. Maintain daily treatment logs and athlete visits. Ensure that all records are complete.
5. Assist the Performance Services Team with daily duties in the clinic including cleaning and laundry duties.

**USOC PERFORMANCE SERVICES MEDICAL VOLUNTEER PROGRAM**  
**SELECTION PROCEDURES**

**Process:**

1. When all materials (application and curriculum vitae) are on file, applications are dated and placed in order of arrival. Excepting the aforementioned NGB priority volunteers, assignments are first-come, first served.
2. Travel to the complex is at your own expense. We provide room and board, and transportation to and from the airport.
3. Colorado Springs, Lake Placid and Chula Vista schedule only one physician at a time.
4. Athlete load dictates numbers of certified athletic trainers, licensed physical therapists, and massage therapists varying from 2 to 8.

Program steps are as follows:

**No Volunteer Can Bypass Any Steps and There Is No Guarantee On Progression To The Next Level.)**

**Level 1** Two weeks (14 consecutive days or as otherwise noted in the NGB priority information) at one of the Olympic Training Centers (Colorado Springs, Colorado; Lake Placid, New York; or Chula Vista, California).

**Level 2** National/International appointment, by USOC invitation. (Examples: National NGB Championships, World Youth Games and other National USOC-endorsed Games and/or International USOC-endorsed Games. This requires 3 or more weeks of service with transportation and room & board provided by the USOC.)

**Level 3** International Games Appointment, by USOC invitation. (Examples: Pan American Games, World University Summer or Winter Games, International NGB Championships, IF and other International USOC endorsed Games. This requires 3 or more weeks of service with transportation and room & board provided by the USOC.)

**Level 4** Olympic Games/Paralympic Games (Summer & Winter). (This requires 8 or more weeks of service with transportation and room & board provided by the USOC.)

5. At each level, medical, administrative, athletes and NGB staffs evaluate the volunteers regarding medical skills, rapport with athletes/coaches, and adherence to policies of the USOC and its Sports Medicine Advisory Committee, and interaction with sport and administration officials. This helps assure selection of a qualified and compatible medical team.