



UNITED STATES OLYMPIC COMMITTEE

Sport Medicine Division Volunteer Program

Physician Application Criteria and Procedures

Preface

Volunteer athletic trainers, chiropractic physicians, massage therapists, medical physicians, and physical therapists together with the United States Olympic Committee's (USOC) full-time medical staff provide collaborative, integrated, multidisciplinary health care services to athletes registered at the U.S. Olympic Training Centers (OTC) at Colorado Springs, Chula Vista and Lake Placid. Athlete load, (i.e. competitions, sport camps, and resident athletes) dictates the number of sports medicine rotations and the number of sports medicine volunteers invited per rotation at each Olympic Training Center. If selected to participate in the Sports Medicine Division Volunteer Program all travel to the USOTC is at the volunteer's own expense. The USOC will provide housing, meals, and transportation to and from the airport.

Purpose

The purposes of the USOC Sports Medicine Volunteer Program are to:

1. Identify highly qualified and skilled sports medicine healthcare professionals throughout the United States who are willing to participate in the USOC Sports Medicine Volunteer Program in support of Team USA.
2. Provide evidenced based sports performance medicine in support of the training and competition needs of elite and developing National Governing Bodies (NGB) athletes at the USOTC.
3. Identify qualified and skilled sports medicine healthcare providers who may work more closely with specific NGBs to assist them with their service and event needs.
4. Become familiar with policies, procedures, rules and guidelines of the USOC, International Olympic Committee (IOC), United States Anti Doping Administration (USADA) and the World Anti Doping Administration (WADA).

Application Process

1. Upon receipt of the completed application and required supporting documents, applications are entered into the USOC Sports Medicine Volunteer database. Rotation dates are sent out once they are identified via email notification. Volunteer rotations are assigned on a first-come, first served.
2. Required Application Documents:
 - Cover Letter
 - Program Application
 - Resume or CV
 - Letter of reference from an individual who can attest to your role in sport and/or orthopedic practice (i.e. Supervisor, Team Physician, Athletic Director or Head Coach)
 - Copy of State License/Registration
 - Copy of Board of Certification Certificate
 - Copy of completed certifications and additional skillsets
 - Copy of Malpractice Insurance (medical malpractice declaration page)
 - Copy of current CPR/AED certificate
 - Non-refundable application fee of \$90.00
3. Return completed applications, with all supporting documentation to:

***United States Olympic Committee
Sports Medicine Division – Volunteer Program
1 Olympic Plaza
Colorado Springs, CO 80909***



UNITED STATES OLYMPIC COMMITTEE Sport Medicine Division Volunteer Program Physician Application Criteria and Procedures

Qualification Criteria

All Sports Medicine Volunteers:

1. Must be a citizen of the United States of America.
 - a. Non-U.S. citizens may be considered only if they are highly recommended by the administration of an NGB and have demonstrated a consistent history of care for the athletes in that NGB.
2. Must complete all requirements outlined in “Application Process” section above in full.
3. Must have three (3) years of ongoing professional experience post certification or licensure.
4. Must have a CAQ in Sports Medicine.
5. Must be actively engaged in the sporting community including providing care and sport orthopedic involvement within the past five (5) years (i.e. event volunteering, coverage, local sport team care)
6. May never have been convicted of a felony or any conviction for health care fraud.
7. May not have any disciplinary license actions.
8. May not have any actions, sanctions or discipline on clinical privileges or employment as the result of sexual abuse/harassment or substance abuse.
9. 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 at any time while serving in the USOC medical volunteer program.
10. Must be current on health care provider level CPR and AED.
11. Must have malpractice insurance,
 - a. The policy minimum is \$1,000,000 – 3,000,000
 - b. Provide a current copy of the declarations page.
 - c. The malpractice policy must cover the applicant while volunteering for the USOC.
 - d. While volunteering, the volunteer’s insurance is primary; the USOC insurance policy provides excess coverage, if necessary.
 - e. Applicants must disclose any malpractice claims.
 - f. **Please Note:** *USOC does maintain both a primary and excess malpractice insurances that covers volunteers to perform medical services on behalf of USOC in the event the liability insurance held by physicians does not cover them outside of their practice setting.*
12. Must submit a cover letter that summarizes their sports medicine experience with an emphasis on the last 2 years of sports medicine experience and why they would like to be a part of the USOC Sports Medicine Volunteer Program.
13. Must submit the \$90.00 non-refundable application fee to help cover medical background check. Payment is by check made out to the USOC.

Physician-Specific Requirements:

14. Medical physicians must possess a valid state medical license in the state they are practicing and must provide a copy of the license.
15. Must currently be Board Certified.
 - a. A Certificate of Additional Qualification (CAQ) in sports medicine is strongly recommended.
 - b. Completion of the American College of Sports Medicine Team Physician Course series is recommended.
16. May not have any limitations, restrictions, or disciplinary sanctions against their medical licenses or DEA or CDS certificates.
17. Must have a current, valid DEA certificate



18. **Active Duty Military Physicians, please note:** The USOC and OTC are non-federal not-for-profit corporations. Please be aware that fee-exempt federal DEA licenses are not portable for non-official non-federal use. A personally held DEA license should be used for any prescriptions written. Additionally, discuss with your local command regarding the appropriate duty status: typically permissive TDY vs. leave. Consider talking with your command regarding an Off-Duty-Employment agreement for this volunteer work.



UNITED STATES OLYMPIC COMMITTEE

Sport Medicine Division Volunteer Program

Physician Application Criteria and Procedures

Volunteer Duties and Responsibilities

1. USOC SafeSport training must be completed and submitted prior to your arrival for rotation. The course is at no charge. Information regarding registration and completing this training will be sent via email once a rotation is confirmed.
2. Work in conjunction with all medical professionals to provide continuity of care and a cohesive medical team.
3. Provide after-hour on-call emergency care and coverage as assigned.
4. Document all injury/illness encounters, daily treatment logs and athlete visits.
5. Ensure that all medical records are legible and complete.
6. Follow all established procedures for the evaluation and treatment of athletes, coaches and guests in the cases of injury, illness, or other emergency, as outlined by the USOC medical staff.
7. 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.
8. Interface with local community medical resources.
9. Understand doping control/drug testing regulations and procedures.
10. Assist with daily duties in the clinic including cleaning and laundry duties.
11. Assist with pre-practice set-up, post-practice tear-down, and attendance of all practices and competitions of the assigned sport.

Sports Medicine Volunteer Program Benefits

Every volunteer who successfully completes a volunteer rotation is:

- 1.) Entered into the pool for the opportunity to participate in future rotations.
- 2.) Eligibility for consideration to cover U.S and international events hosted by the USOC and/or NGBs

Volunteer Evaluation

To help ensure the selection of a qualified and compatible medical team, USOC medical staff evaluates each Sports Medicine Volunteer on:

- Sports Medicine skills
- Professionalism
- Quality of work
- Rapport with:
 - Medical staff
 - Athletes
 - Coaches
 - Administrative Staff
 - Sport officials
- Sports Medicine Volunteer Adherence to policies of the USOC



UNITED STATES OLYMPIC COMMITTEE
Sport Medicine Division Volunteer Program
Physician Application

Full Legal Name: _____ Date of Application: _____
Social Security #: _____ Gender: Male Female
Date of Birth _____ U.S. Citizen? Yes No
Month Day Year Passport # _____

Work Address Home Address
Country: _____ Telephone: _____ Cell: _____ FAX: _____ E-mail: _____

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

Contact Preference: Work / Home

Education

Undergraduate Institution: _____
Address: _____ City State Zip Code Country
Degree: _____ Dates: From: _____ To: _____
Medical School: _____
Address: _____ City State Zip Code Country
Degree: _____ Dates: From: _____ To: _____
If Schooling outside of United States – ECFMG Number: _____ Other
Degrees: _____ Institution: _____
Specialty Training: _____ Board Certified? Yes ___ No ___ Date _____
Internship (Type): _____ Residency (Type): _____ Accredited Fellowship (Type): _____
Location: _____ Location: _____ Location: _____
Do you have any CAQ's? _____



Professional Information

Medical License – Please List All Professional Licenses Ever Held:

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

DEA Number: _____ National Provider Identifier (NPI) Number: _____

Hospitals Where You Have Admitting Privileges:

Name	City/State	Type of Privileges <small>(active, courtesy, provisional)</small>	Are Privileges Restricted?
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had any limitations or loss of your clinical privileges or other disciplinary activity at any facility where you have held privileges? Yes _____ No _____

NGB Involvement

Are you presently working with any National Governing Bodies (NGBs)? Yes _____ No _____

If yes, please list: NGB Sport: _____ NGB Team: _____
NGB Sport: _____ NGB Team: _____

What type of care do you provide (clinical, practice, competition)? _____

Do you speak any foreign languages? Yes _____ No _____ If yes, please list : _____

Contact/Combat Sport Experience: _____

Non-Contact Sport Experience: _____

Skiing Ability

Do you ski? Yes _____ No _____

Skill Level: Beginner _____ Intermediate _____ Expert _____

Medical and Criminal History

Have you ever been convicted of a felony or any misdemeanor, or are you presently formally charged with committing a criminal offence? Yes _____ No _____

If the answer is yes, please provide details of the conviction, offence, location, dates, 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 completely?

Yes _____ No _____

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? Yes _____ No _____

If your answer 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 Sports Medicine 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 Physician in the United States Olympic Committee Sports Medicine Division Volunteer Program, I understand that I will function without pay or recompense as a licensed physician 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. All information provided in my application is true and accurate and no sanctions have been placed on my license(s) or credential(s). I certify that I am in good standing for any specialty boards I have membership in:

Signature: _____

Date: _____