**COMPLETE THIS FORM ONLY IF YOU ARE A CERTIFIED HEALTH PROFESSIONAL**
**OR STUDYING TO BE ONE**

# Intercambio Cultural Maya

December 27, 2009 – January 8, 2010

## Health Care Worker Information Release

1. If you are a Health Care Professional or a health care student, please indicate your specialty.

Professional _____ _____
**Profession** **Specialty**

Student _____ _____
Field of Study Year in Training

2. If your profession requires registration (certification or licensing) please list your professional registration number and the name and address of the certifying agency.

   Professional Registration, certification or License #_____

   Certifying Agency_____
   Agency Address and Phone Number_____
   _____

3. I give permission to Intercambio Cultural Maya to verify my certification and registration in the profession described above, thus I permit the release of information necessary by that agency to verify my professional registration/certification.

   YES NO

Signature_____Date_____

Please Print or Type your name/address/phone number below.

_____
_____
_____