

Information for Non-Vermont licensee working in a deemed status for
COVID 19 Emergency (this form is for MD, PA, DPM)

One name per page. Please send to tracy.hayes@vermont.gov
prior to the first shift is preferred, but not required. Please just try to
submit it as soon as possible

Full Name: _____

Permanent address:

Temporary address:

Cell phone number: _____

Email: _____

Primary State and License Number: _____

Facility where working: _____