I AM 1112 · MEDICAL ADVISORY COUNCIL & CLINICAL PARTNERS

Physician Volunteer Application

We're building a network of physicians who support pregnancy care through clinical consultation, referral partnership, and community education.

Contact Information

First name *

Last name *

Credentials *

Select one

Preferred title (optional)

Email *

Phone *

Clinical Credentials

Verified before onboarding

Specialty *

Select one

Subspecialty (optional)

NPI number *

State license # *

Licensing state *

Board certification status *

Select one

Primary hospital / practice affiliation *

How You'd Like to Contribute

- ☐ Medical Advisory Council
- ☐ Referral partnership
- ☐ Community education / speaking
- ☐ Clinical consultation / chart review
- ☐ Birthing Support Circle support
- ☐ Other / open to discussing

Typical availability

Select one

Hours per month you can commit

Select one

A Little More

What draws you to I AM 1112's mission?

Attestation

- [ ] I confirm the license and NPI information above is accurate, and that my license to practice is active and unrestricted.
- [ ] I currently carry active professional liability (malpractice) insurance.
- [ ] I understand I AM 1112 may verify my license and standing through my state medical board before onboarding.

CV or professional bio (optional) — email to support@iam1112.org, or attach separately