



**First and Last Name:**

**Date:**

**Position:** Psychiatrist – Womack Army Medical Center – Fort Bragg NC

**Please fill out the following questionnaire and submit with your resume:**

1. Do you have a valid and unrestricted license, or authorizing document, from any U.S State, District of Columbia, or US territory to provide psychiatric healthcare?
2. Are you a U.S Citizen?
3. Do you have a current DEA certificate?
4. Please submit any additional certifications you would like to be considered for evaluation.