

**BAPTIST MOBILE HEALTH MINISTRY, INC.
PROFESSIONAL INFORMATION FORM**

Name and title _____

Address _____

City _____ State _____ Zip _____

Office phone _____ Cell phone _____

Email Address _____ Specialty: _____

Church where project is held _____

How are you interested in serving with the Baptist Mobile Health Ministry? _____

(Dentists) please circle: Left or Right-handed I provide fillings Y N Extractions Y N

How did you hear about Baptist Mobile Health Ministry? _____

Are you volunteering for a particular health event? _____ If so, which one? _____

Georgia License Number _____ Expiration Date _____

DEA Number _____ Expiration Date _____

Malpractice Carrier: _____

Policy number: _____ Expiration Date _____

The Baptist Mobile Health Ministry, Inc. Board of Directors would like to thank you for your willingness to be a part of this ministry. Our team members look forward to working with you.

“In as much as ye have done it to the least of these, my brothers, you have done it unto me.”

Matthew 25:40 KJV

Please email to Marcia McCart: marciamccart.bmhm@gmail.com

678-776-7650

Updated by Marcia McCart 04/14/26

A Cooperative effort between the Georgia Baptist Healthcare Foundation, grants, and gifts from churches and individuals enable us to partner together in fulfilling the Great Commission
