

**Appendix A - Staff Schedule**

**Policy Number:** \_\_\_\_\_

**Corporation Name:** \_\_\_\_\_

**List all owners, partners, independent contractors, and employees (Physicians, Chiropractors, Dentists, etc.)**

Name	Policy # if Princeton insured	License number	Specialty or position	Date of hire	Avg. # hrs. per wk.

**List all Allied Professionals (RN, LPN, CRNA, Nurse Midwife, Techs, Medical Assistant, Social Worker, Occupational or Physical Therapist, Licensed Counselor, Physician Assist Non-Surg or Surg, etc.)**

Name	Policy # if Princeton insured	License number	Position	Date of hire	Avg. # hrs. per wk.

*For all professional staff not insured with Princeton, attach certificates of insurance or a copy of their professional liability policy and claims history for each individual.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_