

**TRINBAGO PROGRESSIVE ASSOCIATION OF THE U.S.A., INC**  
**MEDICAL OUTREACH VOLUNTEER REGISTRATION FORM**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (HM): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

List any skills that could be utilized by the organization

\_\_\_\_\_  
\_\_\_\_\_

Please check all appropriate lines:

Registered Nurse / L.P.N. \_\_\_\_\_ Physician \_\_\_\_\_

Dentist \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_

Physician Assistant \_\_\_\_\_ Podiatrist \_\_\_\_\_

Physical Therapist \_\_\_\_\_ Social Worker \_\_\_\_\_

Psychologist \_\_\_\_\_ Psychiatrist \_\_\_\_\_

Counselor \_\_\_\_\_ Health Educator \_\_\_\_\_

Nutritionist \_\_\_\_\_ Dietician \_\_\_\_\_

Herbalist \_\_\_\_\_ Other \_\_\_\_\_

**Government Regulations Prescribes that all medical professionals supply all current Licences / Certificates before engaging in any / all medical practices on the islands. Upon completion of this form, please attach all relevant documentations and return to: TRINBAGO PROGRESSIVE ASSOCIATION OF THE U.S.A., INC., 2152 RALPH AVENUE, SUITE # 520, BROOKLYN NY 11234. OR TO THE PERSON WHO GAVE THIS FORM TO YOU. For more information, you may contact Stephen Isaac at: (917) 528-8141, Avril Trancoso at: (347) 528-4844, or Sylvan M. Henry at: (929) 434-3662, or by Email: [sylmau642@aol.com](mailto:sylmau642@aol.com).**