



APPLICATION PACKAGE KALAWAO RESCUE Non-Federal Disaster Medical Assistance Team



Kalawao Rescue is a Hawaii-based disaster medical assistance team that provides the initial and follow-on medical response to major emergencies and disasters.

Membership of Kalawao Rescue includes physicians (MD, DO), registered nurses (RN), paramedics and emergency medical technicians (EMT), pharmacists and pharmacy technicians, respiratory therapists, psychologists, veterinarians and veterinary technicians, forensic pathologists and mortuary technicians and a small cadre of medical logistics, administrative support and telecommunication specialists.

Essential to the mission of Kalawao Rescue is the ability to promptly respond to emergencies on a 24-hour, 7-day-a-week basis. Typical missions include:

- Establishing and operating portable field hospitals known as Acute Care Modules (ACM). ACMs are pre-positioned on the islands of Kauai, Maui, Oahu and the Big Island of Hawaii.
- Providing aeromedical critical care transport (AE) aboard US military and US Coast Guard aircraft throughout Hawaii and the Pacific basin.
- Management of casualties resulting from chemical, biological, radiological, nuclear and explosive incidents.
- Establishing Disaster Aeromedical Staging Facilities (DASF) at airports following disasters requiring aeromedical evacuation.
- Supporting various special events such as the high profile events such as NSSEs, airshows, Honolulu Marathon and related high-risk community events.
- Establishing an Incident Management Team or IMAT to support the healthcare system in a major emergency or disaster.

To apply for Kalawao Rescue membership, complete and forward the following documents to the address listed below.

1. Completed Kalawao Rescue Membership Application below
2. Photocopies of your current professional licenses and certifications
3. Current resume or CV

All applicants applying for a clinical position must be clinically active with a current State of Hawaii professional license, agree to clinical credentialing and a criminal background investigation.

Hawaii Healthcare Emergency Management

KALAWAO RESCUE MEMBERSHIP APPLICATION

Hawaii Healthcare Emergency Management
99-1450 Koaha Place Suite C
Aiea, Hawaii 96701
Telephone: (808) 599-2899
Fax: (845) 839-8356
info@hah-emergency.net
www.hah-emergency.net



INSTRUCTIONS : Prepare this form with all requested information together with signature. Send to Hawaii Healthcare Emergency Management at the address below.

APPLICANT INFORMATION			Date of application (MM/DD/YYYY):		
	Applicant Name (<i>Last, First, Middle initial</i>):		Are you a U.S. Citizen?		
			Yes No		
	Occupation:		Date of Birth (MM/DD/YYYY):		
	Primary Employer:				
	Job Title or function:				
AUTHORIZATION	Clinical Credentials (MD, DO, RN, RT, EMT, MICT, etc.):		Licensed in the following States:		
	Home Mailing Address:				
	City:		State:	Zip Code:	
	Work Telephone#:	Home Telephone#:		Cell Telephone#:	
Work e-Mail Address:		Home (personal) e-Mail Address:			
Do you have a U.S. Passport?		Are you currently an active member of:			
Yes No		Medical Reserve Corps: Yes No			
If YES, Passport# :		Active or reserve military: Yes No			
Expiration Date:		American Red Cross: Yes No			
<p>I certify that the information provided on this application is true and correct to the best of my knowledge. In addition, I hereby authorize HAH Emergency Services to verify my professional credentials and conduct a Criminal Background Check in support of this application for membership. I understand the results of these investigations will not be shared with third parties or any existing or future employer.</p>					
_____			_____		
Applicant signature			Date		

Revised: December 2017

Hawaii Healthcare Emergency Management
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