

Nova Southeastern University
Dr. Kiran C. Patel College of Osteopathic Medicine
International Medical Outreach Club (IMOC)
Student, Health Care Provider, and Layperson Application

Destination:

Sponsoring Organization:

APPLICATION CHECKLIST

1. Completed application
2. COLOR-scanned photocopy of your passport (**must be a COLOR copy and VALID FOR 6 MONTHS UPON ENTRY INTO THE HOST COUNTRY**) if host country required
3. Photocopy of insurance card, front and back of card
4. Photocopy of professional license (for physicians, and all other licensed health care providers)
5. Photocopy of your diploma (for physicians, and all other health care providers)
6. Signed Waiver of Liability Form
7. Pay deposit paid via Marketplace website. Deposits may vary by country. (Go to "Pay Online" on website) https://secure.touchnet.net/C21175_ustores/web/index.jsp
8. Passport must be valid for six months prior to entry into the host country
9. Obtain visa if applicable
10. Register with the State Department – <http://www.state.gov/>
11. Purchase medical evacuation and travel cancellation insurance – <http://www.internationalstudentinsurance.com/schools/nova-southeastern-university.php>
12. Check immunization recommendations and be sure you are current
13. Email the completed application to em1036@nova.edu

NOTE: IF ANY DOCUMENTS ARE MISSING OR IF THE APPLICATION FORM IS NOT COMPLETED IN ITS ENTIRETY, THE APPLICATION WILL NOT BE ACCEPTED. ACCEPTANCE IS BASED ON AVAILABILITY.

- If you have recently changed your last name, do not write your new or married name on the application unless it matches the name on your passport. The name on your passport should always match your legal name. If your name has been changed, you will need to get your passport reissued before you can use it.
- The altitude questionnaire is not only for our knowledge, but also your health. The elevation in some countries we visit can be over 10,500 feet above sea level, and altitude sickness is possible when traveling, especially from Florida.
- Family members and friends (laypersons) are welcome to participate in the program. They will need to complete an application packet as well.
- We suggest that each traveler have emergency medical insurance. In the event of an emergency, you will have the option to be evacuated out of country and back to the United States to receive your care. You can obtain your International Travel insurance from any company as long as your benefits meets NSU's minimal requirements. Travel Insurance coverage purchased at a \$2,000,000 policy maximum is required by NSU. Please note medical coverage, emergency evacuation, trip cancellation, and reparation must be included

in the policy. **NSU recommends:** Health Travel insurance (link provided)
<http://www.internationalstudentinsurance.com/schools/nova-southeastern-university.php>

- We also recommend that you carry trip insurance. Some of the countries have internal conflicts, and programs have had to be cancelled at the last minute. If this trip is being booked through NSU Travel Agency, this insurance is included unless it is a group ticket purchase.
- The passport copy photograph must be clear and in **COLOR**. **Note that your passport must be valid for six months from the date you enter the host country.**
- The rooms are usually assigned to two people in a room. If there is limited space, some individuals will be assigned to three people in a room. We will attempt to match roommates as requested. If it is not possible, we will do our best to create room assignments that best meets the needs of the group. If you do not feel comfortable sharing a bed, please indicate it on the application. Also, male and female students will not be assigned to the same room. Please note, there is often an extra fee for special room requests (especially single rooms).

APPLICATION FORM

Name (as it appears on your passport)

NSU ID # (if applicable)

Mailing Address

Email

City

State

Zip Code

Primary Phone Number

Mobile Phone Number

Work Phone

Fax Number

Please indicate the best way to contact you

Country of Passport: _____

Passport number: _____ Expiration Date _____

EMERGENCY CONTACT INFORMATION:

Name

Email

Relationship to You

Primary Number

Cell Number

Work Number

Address:

Please indicate the best way to contact them:

You are:

- | | | |
|---|---|---|
| <input type="checkbox"/> OMS I | <input type="checkbox"/> OMS II | <input type="checkbox"/> OMS III |
| <input type="checkbox"/> OMS IV | <input type="checkbox"/> Student and year of Other Professions <input type="text"/> | <input type="checkbox"/> Physician <input type="text"/> |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> NSU KPCOM Faculty | <input type="checkbox"/> Health Provider |
| <input type="checkbox"/> NSU Staff Member | <input type="checkbox"/> Intern/Resident/Fellow | <input type="checkbox"/> Other NSU Faculty <input type="text"/> |
| <input type="checkbox"/> Other <input type="text"/> | | |

All Students Must Complete The Following Section

Are you in GOOD ACADEMIC STANDING? Yes No

NSU-KPCOM POLICY: STUDENTS MAY NOT PARTICIPATE IF THEY HAVE FAILED ANY COURSES – INCLUDING MANDATORY ATTENDANCE COURSES. YOU MUST ALSO NOT BE ON A LEAVE OF ABSENCE OR IN A DISCIPLINARY PROCESS, SUCH AS PROBATION, ETC.

Are you a student bringing a licensed health professional(s) or lay person (s)? Yes No N/A
(Preceptor must also submit an application.)

Which, if any, preceptor(s) have you recruited for this trip? (Include other than health professionals)

Name	Profession
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Health Care Providers only:

Note: Please be aware that primary care is the most requested type of care in the areas we serve. Please be aware that our volunteer physicians may be asked to provide primary care services in addition to their medical specialty (if able).

License # State ID# for CE credit

Specialty:

- | | | |
|---|--|--|
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Family medicine | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> OPP |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Preventive medicine | <input type="checkbox"/> Psychiatry |

- Rural Medicine Surgery
- Other (for all health care professionals) Please specify.
- Other (for physicians)

Able to provide primary care services if requested Yes No

Professional school

Year of graduation

Will you lecture for the education component of the outreach program?

Yes No

- Interest Topic #1
- Interest Topic #2
- Interest Topic #3

Have you had any previous international medical outreach experience?

Yes No N/A

If yes, where?

Proficiency in languages other than English:

1. beginner intermediate advanced
2. beginner intermediate advanced
3. beginner intermediate advanced

Could you serve as an interpreter if needed? Yes No

If yes, for which language(s):

Do you require a vegetarian diet?

- __Yes
- __No

Do you have any allergies?

- __Yes Specify: _____
- __No

NOTE: Due the constraints of our host accommodations; any special dietary requests including allergies may not be able to be accommodated.

Fees: Fee includes ground transport from NSU to the airport, ground transportation, lodging, and meals. Payment will be held until we evaluate how many physicians and students are going to participate. You will be contacted to confirm your acceptance and attendance for the mission. Fees will be charged to account only after all participants are contacted. Further trip details and information will be distributed to participants once selected. **ALL GROUP TICKET PURCHASES ARE NON-REFUNDABLE.**

Health Professionals and Laypersons only: If you are planning on meeting the group in the country via your own travel arrangements, please notify us and provide your schedule.

Altitude and Physical Health Questionnaire

While most of our outreach programs are not at high altitudes or require strenuous physical activity, some will be in or traveling through locations at high altitudes which means that you must be physically capable of working at a high altitude. The trip to some of our sites can be difficult and may take several hours by vehicle; the roads may be rocky and extremely rough. In order to screen for medical capability of the outreach program participants, it is imperative that you complete this questionnaire honestly and completely so that you are able to go to a site best suited for you. The decision is your responsibility.

NSU-KPCOM reserves the right to reject any application that our outreach program leaders feel would be a health risk.

Medical History

Please indicate yes or no to the following (Please explain all 'yes' responses in the comment box below):

1. Do you have any cardiovascular, respiratory, musculoskeletal, physical limitation or any other condition that prohibits you from fully participating in Yes No this medical outreach trip?

PHYSICAL ABILITY

Many trips require a level of physical fitness (aerobic fitness, flexibility, and muscular strength and endurance) appropriate to the activities, altitude, climate and terrain of the sites.

Please answer the following questions.

Check all that apply:

I am pregnant and have been cleared for this trip by my health care professional.
Are there any conditions (injuries, medical illnesses) that needs special attention or we should be aware of?

ROOMMATE PREFERENCES

We will do our best to accommodate you.

- Please check here if you would prefer not to share a bed. (Please note this may be additional cost.)
- Please check here if you have a spouse or significant other that you would prefer to room with. (Please note that there may be an additional cost.)

Name(s) of spouse, significant other, family member, etc. accompanying you.

- Single room request (Extra fees vary by outreach program.)

Email the completed application to em1036@nova.edu

- Completed application
- Waiver of Liability Form (signed by you + 2 witness signatures)
- Travel Insurance confirmation
- Color scanned legible image of your passport (we do not accept photos of passports)
- Legible image of your professional license (preceptors only)

Incomplete applications will not be considered.

THANK YOU!