

MEDICAL GROUP APPLICATION FORM

TODAY'S DATE:	PROPOSED DATES AT MISSION (START AND END):
---------------	--

PART I - CONTACT INFORMATION

PLEASE SEE WEBSITE FOR MEDICAL VOLUNTEER GROUP RECOMMENDATIONS AND REQUIREMENTS

NAME OF MEDICAL GROUP			
TYPE <input type="checkbox"/> Surgical <input type="checkbox"/> Community Health			
NAME OF CONTACT PERSON (LAST/FIRST/INITIAL):			
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME TELEPHONE:	WORK TELEPHONE:	FAX NUMBER:	
EMAIL ADDRESS:			

PART II - GROUP INFORMATION

NUMBER OF PARTICIPANTS IN YOUR GROUP:	MALE:	FEMALE:			
HOW MANY OF YOUR GROUP ARE PROFESSIONALS					
DOCTORS	NURSES	PHARM	NP	PT	OTHER
NUMBER OF STUDENTS					
3RD YEAR	4TH YEAR	RESIDENTS	OTHER		
ARE ANY OF THESE COUPLES (FOR HOUSING PURPOSES)			IF YES, HOW MANY		
RATIO OF ATTENDING TO STUDENTS/RESIDENTS NEEDS TO BE 1:4 OR LESS					
WHAT SPECIALTIES IN YOUR GROUP?					

PART III - GROUP FEES

There is a recommended medical volunteer donation of \$100/day/person for professionals and \$65/day/person for students. This donation covers hotel accommodations arranged by the Mission, meals, airport transportation, daily transportation, daily support of health promoters, translators and increased hospital and clinic costs before, during and after your stay associated with the increased patient volume related to group work.

PART IV - MEDICINE NEEDS

TWO OPTIONS:
YOU WILL NEED TO ORDER THE MEDICINES THAT WILL BE PURCHASED IN GUATEMALA (\$750 PER WEEK APPROX. FOR A GROUP OF 12) PLEASE CLICK HERE FOR A LIST OF WHAT IS PROVIDED WITH THE \$750. THERE ARE SOME MEDICATIONS THAT MIGHT BE USEFUL BUT NOT AVAILABLE IN GUATEMALA. SEE LIST OF ITEMS THAT YOU MAY WANT TO BRING WITH YOU FROM THE STATES.
<input type="checkbox"/> Purchase Locally
THERE ARE CUSTOMS REQUIREMENTS TO BRING MEDICATIONS INTO THE COUNTRY. SEND A LIST OF THE MEDICINES THAT YOU WILL BRING WITH YOU TO USE DURING YOUR CONSULTS IN THE COMMUNITIES THREE MONTHS PRIOR TO YOUR ARRIVAL. YOU WILL NEED TO GIVE JULIO/TERRI A LIST AT LEAST THREE MONTHS PRIOR TO YOUR VISIT, INCLUDING FULL PRODUCT NAME, CONCENTRATION, EXPIRATION DATE (MUST HAVE 13 MONTHS UNTIL EXPIRATION FROM THE DATE YOU WILL BE ARRIVING IN THE COUNTRY), QUANTITY, VALUE, ETC. SEE FORM. CONFIRMATION OF ORDER OR RED STAMP WILL BE SENT ONE MONTH PRIOR TO DEPARTURE.
<input type="checkbox"/> Buy in the US and bring with you

PART V - SPANISH FLUENCY

ALTHOUGH THE MISSION CAN PROVIDE SPANISH TRANSLATION SOME GROUPS PREFER TO USE THEIR OWN TRANSLATORS OR HAVE FLUENT PROVIDERS.
HOW MANY GROUP MEMBERS SPEAK SPANISH FLUENTLY?

