

SNMA 2010 International Medical Missions
Application Deadline: February 13, 2010
Available at www.snma.org



DOMINICAN REPUBLIC (DR) SPANISH IMMERSION/MEDICAL MISSION

What: Medical, premedical and other allied health students and professionals will partake in a two-week immersion program to the DR where students will be exposed to the Dominican healthcare system via visits to local hospitals and rural clinics, receive Spanish lessons including medical terminology, engage in service activities and participate in cultural excursions. Additionally, participants will work in rural areas inhabited by Haitian immigrants as well as native Dominicans with poor health and limited access to healthcare.

When: July 4-18 2010

Estimated Cost: \$1400 (includes lodging, most meals and transportation, DOES NOT include airfare)

Project Chair: Ariana M. Martin– e-mail: international@snma.org

Project Coordinator: Ariana M. Martin and Olatokunbo M. Famakinwa

Payment Schedule: \$1000 is due on April 15, 2010. Payment of balance is due no later than May 10, 2010. If payment is not received by this date, the participant will forfeit his/her position and \$250 of his or her deposit. The balance of the deposit will be returned. Please make payments to:

**Student National Medical Association
Attn: Mission to Dominican Republic
5113 Georgia Ave., NW
Washington, D.C. 20011**

Mission dates are subject to change. Participants must attend Pre-mission training at 2010 SNMA Annual Medical Education Conference in Chicago, IL on April 1, 2010.

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Application Instructions

Dominican Republic Medical Mission

Please submit your application to international@snma.org along with your application fee by
February 13, 2010

Subject: (Last name, First name) DR Medical Mission

The **\$100 NON-REFUNDABLE** fee and a hard copy of pages 5 and 6 **MUST** be sent to the National Headquarters at the address below:
Headquarters should have ALL of these items by February 13, 2010

**Student National Medical Association
Attn: International Missions
5113 Georgia Ave., NW
Washington, D.C. 20011**

Once your application(s) and \$100 payment is received is received, you will receive a confirmation of receipt of your application. If you are not selected to participate in this mission trip, your \$100 will be returned.

After careful review of all the applicants, each applicant will be notified of their participation status. Spots will fill up quickly, so don't wait!!



2010 Medical Mission Participant Application
Deadline: February 13, 2010

A. PERSONAL DATA

Full Name _____
Present Address _____
City _____ State _____ Zip Code _____
Cell _____ Email _____
Permanent Address (if different) _____
City _____ State _____ Zip Code _____
Sex M/ F Birthdate _____ Place of Birth _____
Ethnicity/Race _____ Marital Status _____
SNMA Membership # (**Required**) _____

B. PASSPORT INFORMATION

Passport # _____ Citizenship: USA or Other _____
Place of Issue _____ Expiration Date: _____

NOTE: A current passport is required for entry into the Dominican Republic. Please begin the process of obtaining a valid passport as soon as possible. Passports must be valid through December 2010.

C. ACADEMIC RECORD

Please indicate with an "X" on the appropriate line and provide request dates.

Undergraduate _____ Year _____ Graduation Date _____
Medical Student _____ Year _____ Graduation Date _____
Dual Degree _____ Year _____ Degrees _____
Name of School _____
City _____ State _____

D. MEDICAL INFORMATION

NOTE: This information will not affect your participation eligibility.

Date of Last Physical Exam _____
Physician's Name Phone Number _____
Are you currently under the care of a physician for a chronic medical condition? _____
Please list any doctor's restrictions you are currently under: _____

Do you have any medical conditions(s) that could affect your health and well being on the trip?

_____ (If so, please list.)

List all medications (name, strength, and dosage)

Special Dietary Needs _____

Food or Drug Allergies _____

PROOF OF INTERNATIONAL MEDICAL INSURANCE IS REQUIRED FOR THESE MISSIONS

E. EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

F. BACKGROUND EDUCATIONAL QUALIFICATIONS

Field(s) of Interest: _____

G. EXPERIENCE

Please list the following (on an additional sheet):

1. Prior International Experience (include the location, purpose of the trip and dates of travel)
2. Prior Health Education and Community Service Experience (include program name, level of participation and length of participation)
3. SNMA national, committee, regional, or chapter involvement
4. Other Professional Memberships

H. SHORT ANSWER

Please write one paragraph for each question. Allow no more than two paragraphs per question.

1. What is your motivation for participating in this initiative? What does international service mean to you? What do you expect to contribute to the medical mission?
2. What are your strengths and weaknesses?
3. How do you expect this endeavor will add to your medical education and impact your long-term career goals?

Please circle applicable skills in Spanish Language:

Fluent: (can easily converse, translate, and write in Spanish)

Intermediate: (can converse; some reading and writing skills)

Basic: (basic comprehension and conversational vocabulary)

None: (willing to learn)

Please circle applicable research skills:

Experience in data collection

Experience in public health data analysis

Interest in performing data analysis/evaluation

I. LETTER OF RECOMMENDATION

Please have at least one faculty member from your current educational institution provide you with a letter of recommendation in a sealed envelope to be submitted with the rest of your application. The letter should address your qualifications and commitment to the medically underserved and international health.

All applicants are required to read the following statement, sign and date

I understand that by filling out this application:

-It does not guarantee that I will be selected to go on a short-term mission trip. If you are not selected, your \$100 application fee will be returned.

-If I am selected to participate in the SNMA mission trip, I agree to submit to those in authority at all times for the good and safety of the team.

-If I am selected to participate in the SNMA mission trip, I agree to attend the pre-mission training at the 2010 SNMA Annual Medical Education Conference in Chicago on Thursday, April 1, 2010.

“I certify that all the information in the application to this program is true and accurate. I understand that withholding information or making false statements will disqualify me from participating.”

Signature

Date

**TRAVEL WAIVER ACKNOWLEDGEMENT OF PARTICIPANT RESPONSIBILITY,
EXPRESS ASSUMPTION OF RISK, AND RELEASE OF LIABILITY**

I, _____, recognize that participation in the Student National Medical Association's (SNMA) International Mission Trip is voluntary and that there are certain risks inherent to foreign travel, volunteering, and living abroad that I as a participant voluntarily assume. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death from the accommodations, roads, trails, vehicles, boats, aircraft, or other means of conveyance which are not maintained or operated to standards common in the United States; high altitude; forces of nature; civil unrest; terrorism; accident or illness in remote regions without means of rapid evacuation or availability of medical supplies and facilities, the adequacy of medical attention once provided; physical exertion for which I am not prepared; and consumption of food and alcoholic beverages.

To the fullest extent allowable by law, I agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY, the SNMA, its officers, directors, employees, agents, and leaders from any liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of SNMA its officers, directors, employees, agents, and leaders in any way connected with the International Mission Trip. I further agree to HOLD HARMLESS the SNMA, its officers, directors, employees, agents and leaders from any and all claims, damages, injuries or losses caused by my own negligence while a participant on the International Mission Trip. While the SNMA will assist with providing information on health care and insurance, I understand that it is my responsibility to ascertain and ultimately obtain, in the absence thereof, adequate health and accident coverage and any other insurance coverage, as I deem necessary as protection against any loss or damage associated with said risks.

This Agreement is intended to be as broad and inclusive as permitted by law. If any provision or any part of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

I have read this document in its entirety and I freely and voluntarily assume all risks of such injuries and damages and notwithstanding such risks, I agree to participate in the SNMA International Mission Trip.

Signature

Signature Date

Printed Name