



1-Year Physician Volunteer Application

Dear Applicant,

We at Natural Doctors International (NDI) are excited that we share an interest in international medicine. NDI is offering Naturopathic Physicians the opportunity to volunteer, live, and work in Nicaragua as primary care physicians. Contracted with the Ministry of Health of Nicaragua, NDI is the first and as of this date, only non-profit that allows naturopathic physicians to practice legally in Nicaragua. Although volunteering as a physician in a developing country is challenging emotionally, physically and mentally, we at NDI believe that this type of service offers great personal and professional rewards. We encourage you to visit our website and contact us at any time with questions about our program. It is also highly recommended you visit our project in Nicaragua if you can, but by no means is this required to apply to our program. Please contact us via email to schedule a visit. Below is a detailed description of the volunteer position you are applying for. May this process bring you a greater understanding of your desire to work in a developing country. We look forward to meeting you!

In peace & global health,

Team NDI

Instructions: Before applying, we suggest you take some time to assess your own ability – spiritually, mentally, emotionally and financially - to live and volunteer in a developing country for 1 year. Download and read over the **1-Year Physician Volunteer FAQ** and **1-Year Physician Volunteer Job Description** and make sure you qualify and are capable of fulfilling the duties and responsibilities required. You are responsible for collating all the required elements and submitting a complete application packet and supporting documents prior to the deadlines below. Late or incomplete applications will be considered only if space is available. We recommend that you make a copy of your application prior to submitting!

Qualifications: To qualify as an applicant for the NDI one-year international volunteer program, you must hold a doctorate in Naturopathic Medicine from a college or university that has been accredited by the Council for Naturopathic Medical Education (CNME) **AND** a valid and current United States license to practice from any state or Canadian equivalent. Failure to pass all board exams required for licensure may disqualify you from consideration and nullify any offers made prior to exam results.

Transcripts/Letters of Recommendation: Official transcripts must be scanned and emailed. Please submit your two (2) letters of recommendation with your application VIA EMAIL. Letters of recommendation are kept confidential and are solely for the purpose of the application process.

Working Email: Because NDI is an international organization most of our communication has to happen over email. ***Please provide a working email on your application that you will check regularly during this process to ensure optimal communication. ALL APPLICATION MATERIALS MUST BE SUBMITTED BY EMAIL – WE DO NOT ACCEPT APPLICATIONS BY MAIL.***

Timeline: Below is a calendar timeline for our volunteer selection process.

NDI APPLICATION DEADLINES	
September 1st	Application Deadline
September 15 th	Scheduling of Interviews Begins
October 1 st	Interviews Begin
October 15 th	NDI Announces Candidates <i>*Note: All applicants will receive notification at this time.</i>
Accepted Candidates	
November 1 st	Due date for Acceptance of Position
January 1 st	All International Documentation Due
Jan 15 th – Jan 31 st	Spanish school (optional)
February 1st	Training Begins – 1 Month in Nicaragua
March 1st	Official Start Date of 1-Year Service
March 1st 1 yr later	Official End Date

APPLICATION CHECKLIST

To complete the application file, candidates must submit the following items.

- \$50.00 non-refundable application fee payable to Natural Doctors International
- One (1) passport photo attached to application
- Completed Application
- Three (3) concise, 1 page typed (10 font typed, single spaced, single sided) essays. Please type your name and social security number in the upper right hand corner of each page:
 - *Personal Statement*
 - *Cross Cultural Experience Essay*
 - *Critical Thinking Essay*
- Two (2) letters of recommendation (may be submitted via email)
- Resume or Curriculum Vitae
- Scanned copy of official transcripts from your graduating naturopathic college or university.
- A scanned copy of your naturopathic *diploma* AND *license* sent BY EMAIL. **Note: If awaiting licensure due to board exams, a copy of you license is waived until your receive your results.*
- FBI background check. **We can accept previously obtained FBI checks within 2 years.** **Note: This process takes 8-10 weeks.* Instructions and sample letter are provided in Appendix 1 at the end of this document.
- A copy of your passport, scanned and sent BY EMAIL. Passports must be valid for two (2) years after start date. Email NDI a copy of the first two pages of your passport and all stamped pages. **Note: This is **not** required to be completed to qualify for an interview. If you do not have a passport or need to renew your passport go to www.travel.state.gov/passport or inquire at your local post office. This process takes up to 6 weeks.*
- Signed copy of the **NDI Release Form** (please download from website).
- Copy of your health insurance

Submit Completed Applications to: info@ndimed.org

Submit Application Fee to:

Check our website ndimed.org for our most recent address

10) Emergency Contact Information:

_____ Name of Contact		_____ Relationship	
_____ Street Address			
_____ City	_____ State	_____ Zip	_____ Country
_____ Email		_____ Phone	

11) Naturopathic Medical School Info:

_____ Graduation Date (month and year)	_____ Years in Practice
<input type="checkbox"/> Bastyr University	<input type="checkbox"/> Canadian College of Naturopathic Medicine
<input type="checkbox"/> Boucher Institute of Naturopathic Medicine	<input type="checkbox"/> National College of Naturopathic Medicine
<input type="checkbox"/> Bridgeport College of Naturopathic Medicine	<input type="checkbox"/> Southwest College of Naturopathic Medicine

12) Naturopathic Physician License Information:

_____ Number	_____ State/Province of Issue	_____ Expiration Date
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List Other States/Provinces you hold a license

13) Have you ever been convicted of a felony? Yes No

(If yes, please attach a written explanation)

14) Have you ever traveled to a developing country? Yes No If yes, what country and when? _____

15) Language Proficiency: This position requires some level of fluency in Spanish. Please provide below information on your level of proficiency in all languages.

Translator Fluent Conversational Some Knowledge None

16) Licenses/Certificates – Please list any other licenses or certificates you have. (Include health related licenses [acupuncture, midwifery, homeopathy, CPR, nursing, etc] as well as non-health related licenses [journeyman status, CPA, teacher, English as a second language certified, Martial Arts/Yoga Instruction etc].

License or Certificate	Exp. Date	Licensing State/Agency
1. _____		
2. _____		
3. _____		
4. _____		

17) Employment History: Please attach a copy of your current resume or curriculum vitae.

18) Practical Experience: Experience gained from hobbies, volunteer activities or other interests may be of benefit abroad. Please check any areas of skill you have.

Business

- Accounting/Bookkeeping
- Business Management
- Business Training
- Cooperatives
- Credit Unions
- Fund-raising
- Marketing
- Volunteer work

Education/Teaching

- Adult Education
- Art/Drama
- Business Education
- English/ESL/TEFL
- Library Experience
- Spanish
- Tutoring

Agriculture/Environment

- Beekeeping
- Environmental Education
- Conservation
- Farming
- Fisheries
- 4-H/FFA/FHA
- Forestry
- Greenhouse/Nursery
- Herb Gardening
- Parks/Wildlife
- Vegetable Gardening

Social Services

- Coaching/Sports
- Health Outreach
- Home Economics
- Social Work/Counseling
- Youth Work

Health

- Gynecology
- Infectious Disease
- Obstetrics
- Pediatrics
- Tropical Medicine

Skilled Trades

- Auto/Diesel Mechanics
- Construction
- Electricity
- Masonry
- Plumbing
- Vocational Education
- Woodworking

Other

- Computer Science
- Other: _____

Part III – Health Information All applicants are required to supply the following health information. Remember that NDI projects are held in remote areas with limited and often inadequate access to medical care. The rotation can be physically demanding both as a result of living conditions and climate. Please let us know of any physical limitations or medical conditions that may for any reason interfere with your ability to fully participate.

19) Do you have any medical/surgical condition(s) that require you to see a physician regularly? No Yes: If yes, please explain: _____

20) Have you had any medical condition that is now stable, that may recur while traveling? No Yes: If yes, please explain: _____

21) Please list any physical limitations that you have (such as impaired vision, hearing, breathing, mobility, etc): No Yes: If yes, please specify:

22) Do you have a history of mental or emotional instability for which you have sought medical attention? No Yes: If yes, please explain:

23) Are you currently under the care of a physician No Yes: If yes, please explain:

24) Are you taking prescription and over-the-counter medications? No Yes: If yes, please list medication and reason. _____

25) Do you have allergies? No Yes: if yes, list all **allergies** that you have (including medication, food, environmental, etc) _____

26) Do you have any dietary restrictions? No Yes: if yes please explain:

Note: due to the nature of living circumstances in developing countries, we cannot accommodate dietary restrictions, including vegetarians and vegans as adequate choices may not always be available.

27) Do you have health insurance? No Yes

Note: Health insurance is required for the 1-year rotation.

Part IV - Essays Please answer concisely (1 page or less per question) each of the following. Type answers in 12 font, single spaced, single sided, with **name & social security # in the upper right corner of each page.**

28) Personal Statement: Service work for NDI presents major physical, emotional and intellectual challenges. In a concise personal statement of purpose, please indicate your reasons for applying to this program, where you feel your strengths and weaknesses will be, and how you overcome challenges.

29) Cross Cultural Experience Essay: NDI Volunteers must be open to ideas and cultures different than their own. Give an example of a significant experience that illustrates your ability to adapt cross-culturally. You may draw from experiences in your work, school, or community in the U.S or abroad.

30) Critical Thinking Essay: choose one of the following:

1. Briefly describe your philosophy of naturopathic medicine. In what way might your philosophy be challenged by practicing medicine in a developing country?
2. You are working with a doctor from the country you are residing in and they diagnose a pathology and prescribe a medication that you feel is inappropriate. What do you do?

Part V - References

31) List of References: You are required to provide two letters of recommendation from medical professionals with your application. Please list below the names of the individuals whom you have chosen to complete the letters of recommendation. **Note: If you graduated in the last five (5) years, one of your letters should be from a supervising physician from your school.*

Reference #1 <input type="checkbox"/> Clinical Supervising Physician <input type="checkbox"/> Licensed Medical Professional <input type="checkbox"/> Other:	Reference #2 <input type="checkbox"/> Clinical Supervising Physician <input type="checkbox"/> Licensed Medical Professional <input type="checkbox"/> Other:
<hr/> Name	<hr/> Name
<hr/> Degree/Credentials	<hr/> Degree/Credentials
<hr/> Street Address	<hr/> Street Address
<hr/> City State Zip	<hr/> City State Zip
<hr/> Phone Number	<hr/> Phone Number
<hr/> Email	<hr/> Email

Part VI - Verification of Application Authenticity and Integrity

32) By signing below, I, _____, certify that all information in this application is factually correct and honestly presented. I have read and understand all provisions outlined in this application and supporting documents. I understand that any false information presented in this application or any part of the application process may result in the rejection of my application and dismissal from any position held with NDI. Furthermore, my signature is evidence of my agreement with all parts, provisions, protocols and regulations indicated in this application and supporting documents.

Signature

Date

Appendix 1: Instructions for FBI Background Check:

Full instructions from the FBI can be obtained by calling (304) 625-2000 or visiting online instructions at <http://www.fbi.gov/hq/cjisd/fprequest.htm>. Once you get your fingerprints from your local police station the process can take 10 weeks (but up to 3 months) so please get started as soon as you can.

Send fingerprints (available at your local police station) with a written request that included your full legal name (see sample letter below), date of birth and place of birth, a return address, and a \$18.00 certified check to made out to *Treasury of the United States*.

Send to:

FBI-CJIS Division
ATTN: SCU
Module D2
1000 Custer Hollow Rd.
Clarksburg, WV 26306

Sample letter:

Date

FBI Record Request

Dear FBI – CJIS Division:

This is a request for a copy of the FBI record for John Doe born on November 16, 1972 in Inglewood, California.

Please send the report to:

John Doe
Address
City, State
Zip

The fee of \$18.00 is included by certified check along with the inked fingerprints of John Doe.

Sincerely,

John