



Internship Application

Dear Applicant,

We are excited about your interest in international medicine. NDI offers a limited number of volunteer internships. Internships require you to live in Nicaragua assisting NDI doctors & staff. Volunteering in a developing country is challenging emotionally, physically & mentally, and offers great personal and professional rewards. We recommend you attend a 10-day NDI course in Nicaragua, as we give preference to NDI applicants with previous field experience.

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. Download and read the ***NDI Internship Guide & NDI Internship Job Description*** to see if this internship is right for you.

Qualifications: To qualify as an NDI volunteer abroad, you must be willing to live and work in Nicaragua. Many of our interns are ND or global health students, doctors, or work in other applicable fields. Applicants must demonstrate the ability to pay for their own expenses. In addition, interns must make a financial donation to NDI ***based on time commitment***. *All personal expenses must be paid by the volunteer while living and working in Nicaragua and must carry their own health insurance and trip cancellation insurance.* Physician volunteers must carry a valid USA license. Volunteers for specific positions (grant writers, bookkeepers) must demonstrate skills in their respective fields.

Working Email: All NDI communication happens over email. *Please provide a working email on your application that you will check regularly during this process to ensure optimal communication. If you are in naturopathic school, please provide a NON-SCHOOL email for communication. We ask that you check your email weekly to keep up with NDI correspondence during the application process.*

Timeline: NDI accepts applications throughout the year!

APPLICATION CHECKLIST - Please submit the following items.

- \$100.00 non-refundable application fee to NDI, paid ONLINE via website DONATE NOW
- One (1) passport photo attached to application (*for international applicants only*)
- Completed this ***NDI Internship Application***
- Two (2) concise, 1 page typed essays (Personal Statement & Cross Cultural Experience). Please type name in upper right hand corner.
- Two (2) letters of recommendation (sent via email)
- Resume or Curriculum Vitae
- A copy of your passport, scanned and EMAILED. *Passports must be valid for two (2) years after start date.*
- Signed copy of the ***NDI Release Form*** (please download from website).

Submit Completed Applications VIA EMAIL to:

internships@ndimed.org

INTERNSHIP APPLICATION *Please type or print clearly in black ink*

Part I – Dates of Service & Placement Site

- 1) **Date of Application:** _____
- 2) **Site & Position:** *I wish to apply for the following dates and position:*
 Nicaragua, Island of Ometepe – Dates From: _____ **To:** _____
 Licensed Medical Volunteer (1 month minimum)
 Externship (CCNM) Other _____
 International Health Intern Non-Medical Student (1 – 12 months)
 International Health Intern Medical Student (1- 12 month)

Part II - Personal Data

- 3) **Legal Name:** _____

Last
First
Middle
- 4) **Social Security Number:** ____ - ____ - ____ - ____ - ____ - ____
- 5) **Date of Birth:** _____ **6) Gender:** Female Male
month/day/year
- 7) **Citizenship:** US US permanent resident Other: _____
- 8) **Passport Info:** Number: _____ Country of Issue _____
Must be valid for 2 years from start date
- 9) **Have you ever been convicted of a felony?** Yes No *(If yes, attach a written explanation)*
- 10) **Have you ever traveled to a developing country?** Yes No *If yes, what country and when?* _____
- 11) **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

12) Permanent Address/Contact Info:

Street Address

City

State

Zip

Country

Email

Website

Main Contact Phone

Other Phone

13) Emergency Contact Information:

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

14) Students: School Info (if applicable): Year in School _____ Major/Degree _____

Naturopathic Schools

Bastyr Boucher Bridgeport CCNM NCNM SCNM Other _____

Other Graduate & Medical Schools

TCM/Acupuncture Medical (MD) Osteopathic (DO) Chiropractic (DC) MPH Other _____

Name & Location _____

Undergraduate School _____ High School _____

15) Physician/Health Professional License Information (if applicable):

ND L.Ac MD DO DC Nurse Other _____

Number	State/Province of Issue	Expiration Date
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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
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1. _____

2. _____

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 list any skill you have that could be useful:

Part III – Health Information All applicants are required to supply the following health information. NDI projects are held in remote areas with limited to no 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.*

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 and email as a pdf or word document along with your scanned application.**

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 at home or abroad.

Part V - References

30) List of References:

Reference #1	Reference #2
Name	Name
Street Address	Street Address
City State Zip	City State Zip
Phone Number	Phone Number
Email	Email

Please ask 2 references to answer the following questions concisely and **email** answers to internships@ndimed.org with **your name/reference in subject line**. *Ex: Tabatha Parker Reference*

- How long have you known the applicant and what is the nature of your relationship?
- Please describe the applicants level of responsibility and professional integrity.
- How does the applicant function within a group? Individually? As a leader?
- What are the applicant’s strengths and weaknesses?
- How do you believe this applicant would contribute to NDI?
- Anything else you feel we should know about this applicant?

Part VI - Verification of Application Authenticity and Integrity

31) By signing below, I, _____, certify that all information in this application is factually correct and honestly presented.

Signature Date