

NDI Global Health Professional Corps Application

Dear Applicant,

We are excited about your interest in international medicine. NDI offers a limited number of volunteer professional corps positions. Professional corps require you to live in Nicaragua assisting NDI doctors & staff and attending patients. Volunteering in a developing country is challenging emotionally, physically & mentally, and offers great personal and professional rewards. We recommend you attend a 10-day CE Certified NDI course in Nicaragua, to assess your skills and gain 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.

Qualifications: To qualify for the NDI Global Health Professional Corps to volunteer abroad, you must be willing to live and work in Nicaragua and you must **HOLD AN ACTIVE LICENSE IN YOUR FIELD OF MEDICINE**. If you do not have a license, you cannot apply as a professional corps volunteer (you may apply as for an internship). If your field does not license, but you hold some form of registration, your eligibility will be determined by our review process. Applicants must demonstrate the ability to pay for their own expenses. *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.*

Professional Corp Program Fees: Professional corps volunteers make a financial donation to NDI **based on time commitment** (see fee schedule below) that does not include housing.

- All - \$100.00 Non-Refundable Application Fee
- Program Fees: 1-2 months - \$500/month; 3-6 months - \$300/month; 7+ months - \$200/month
- Global Health Course Fee - \$1300 (this fee only applies if a course is occurring during your stay and you have NOT already attended one. In this case, your monthly fee is waived. You will receive 60 hours of CE including 3 pharmacy hours thru the Oregon Board of Naturopathic Examiners for attending this course)
- Note: Professional Corps Program Fees may be waived if you would like to teach your specialty to the on-site full time volunteer naturopathic doctors/and or Nicaraguan MD's in Nicaragua. You must have at least 5 years of expertise in your field and demonstrate a competent teaching program to qualify. Please contact us at professionalcorps@ndimed.org for more details.

Travel & Living Expenses - Estimated

- Flight - \$300 - \$900 depending on where your flying from
- Travel Insurance - \$50 - \$500 (varies according to program duration)
- Health Insurance – you must have current health insurance to participate
- 1st month host family fee - \$300 (this includes room and board – 3 meals per day, laundry)
- 2nd month living options – you may continue your homestay or may look to rent a house on the island – please inquire for additional details.

Working Email: All NDI communication happens over email. *Please provide a working email on your application that you will check regularly during the application process.*

Timeline: **NDI accepts applications throughout the year!**

PROFESSIONAL CORPS APPLICATION *Please type or print clearly in black ink*

Part I – Dates of Service in Ometepe, Nicaragua

- 1) **Date of Application:** _____
- 2) **Dates Requested – 1st Choice From:** _____ **To:** _____
2nd Choice _____ **3rd Choice** _____
- 3) **Physician/Health Professional License Information** Acupuncturist Chiropractor
 Herbalist Midwife MD Naturopathic Physician Naturopath (non CNME)
 Nurse Osteopath Other _____

Name on License/Registration _____

License # _____ License State: _____

License Type _____ Expiration Date: _____

Part II - Personal Data

4) **Legal Name:** _____
Last First Middle

5) **Social Security Number:** ____ - ____ - ____

6) **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?** No Yes, (note: country/when?)

11) **Language Proficiency:** This position requires some level of fluency in Spanish.
 Translator Fluent Conversational Some Knowledge None

12) **Permanent Address/Contact Info:**

Street Address _____

City State Zip Country _____

Email _____ Website _____

Main Contact Phone _____ Other Phone _____

NDI Global Health Professional Corps Application

Caring for children _____	1	2	3	4	5
Caring for adults w/ DM, HTN, CVD, CAD _____	1	2	3	4	5
Caring for adults w/ chronic musculoskeletal conditions _____	1	2	3	4	5
Rape Counseling/Sexual abuse counseling _____	1	2	3	4	5
Alcohol counseling, Alcoholics Anonymous Mentor _____	1	2	3	4	5
Other (please describe) _____	1	2	3	4	5

Procedures

Number performed in last 24 months*

- Local anesthetic injection
- Digital block (toes, fingers)
- Trigger point injections
- Intra-articular injections
- Incision & drainage of soft tissue abscess
- Suturing of skin and soft tissue
- Anoscopic examination
- Excision of minor lesions (lipoma removal, polyp removal, etc)
- Basic EKG interpretation and administration
- HIV testing (pre and post counseling)
- Venipuncture
- Immunization administration
- KOH/Wet Mount
- Pharmaceutical medication administration (ceftriaxone, etc.)
- Pharmaceutical medication prescribing (amoxicillin, captopril, etc)
- Papanicolaou smear/ women’s annual examination
- Acupuncture

17) 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. _____		

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

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 professional corps 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 or community at home or abroad.

30) **Professional Health Worker Essay:** Please explain your professional skills, any professional experience you have working in health care overseas or in underserved populations, and your goals in NDI global health professional corps volunteer.

31) Part V - 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 in professionalcorps@ndimed.org with **your name/reference in subject line**. *Ex: Jon Doe/Reference*

- How long have you known the applicant and what is the nature of your relationship?
- Please describe the applicant’s level of responsibility and professional integrity.
- How does the applicant work in a group? Individually? As a leader? Strengths? Weaknesses?
- How do you believe this applicant would contribute to NDI?

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.

Signature

Date

APPLICATION CHECKLIST - Please submit the following items.

- \$100.00 non-refundable application fee to NDI, paid ONLINE via website DONATE NOW
- Completed this *NDI Global Health Professional Corps Application*
- Three (3) essays (see application)
- Two (2) letters of recommendation (sent via email)
- Resume or Curriculum Vitae
- A copy of your passport (photo page only) scanned/EMAILED; note: *must be valid for two (2) years after start date.*
- Signed copy of the *NDI Volunteer Release Form* (please download from website).

Submit Completed Applications VIA EMAIL to:
professionalcorps@ndimed.org