



## GUIDELINES FOR INTERNATIONAL MEDICAL ROTATION APPLICATION

Thank you for applying to our International Medical Rotation Program designed for students in health fields (medicine, dental, nursing & other Allied Health fields) and medical residents. In order to process your application, you must complete the following application in detail. If a question does not apply to you, write N/A in the blank.

1. **APPLICATION FORM** -All parts of this form must be completed. Please note the application deadline for your program is 3 months before departure. All funds must be received 1 month prior to departure.
2. **REGISTRATION FEE FOR INTERNATIONAL ROTATION** -A nonrefundable registration fee of \$125 per person is to be forwarded with the application. Your application cannot be processed without it. Checks or Money Orders should be made payable to "Hospitals of Hope International". (Do not send cash through the mail.)
3. **PERSONAL HISTORY** -Please prayerfully answer the following questions on a separate sheet of paper and attach it to your application form. Write one to two paragraphs to answer each question:
  - a. Please describe your relationship with Jesus Christ and how you became a Christian.
  - b. Please describe your personal and corporate prayer activity.
  - c. Please describe your relationship with your local church or fellowship.
  - d. Have you ever been on any short term mission trips before? If so, please list the country, dates & purpose.
  - e. Why do you want to go on an International Rotation with Hospitals of Hope in Bolivia?
  - f. What are your expectations of this International Rotation?
  - g. Please describe your personal vocational calling.
  - h. Please describe your best learning experience.
  - i. Any realistic roadblocks that might hinder you from going.
4. **FACULTY REFERENCE FORM** -This form is to be given to a Faculty Member of your college or university, preferably to a faculty member that knows you well and is familiar with your desire to do this rotation. Ask him/her to complete the form and mail it directly to the Hospitals of Hope Office in the addressed and stamped envelope that you should provide.
5. **PASTOR REFERENCE FORM** -This form is to be given to your Pastor or Campus Minister. Ask him/her to complete the form and mail it directly to the Hospitals of Hope Office in the addressed and stamped envelope that you should provide.
6. **PERSONAL REFERENCE FORM** - This form is to be given to a personal reference of your choice. They may not be a family member. Ask him/her to complete the form and mail it directly to the Hospitals of Hope Office in the addressed and stamped envelope that you should provide.
7. **YOUR PHOTOGRAPH** -Clip a passport size photo of yourself to the Application Form not smaller than 1 1/2 x 2 inches. (Visas maybe be needed depending on your country of origin.)



## International Medical Rotation Application

Name:(Mr./ Mrs. / Miss / Ms.) First: \_\_\_\_\_ MI: \_\_\_\_ Last:  
\_\_\_\_\_

Preferred Name: \_\_\_\_\_

Permanent Address:  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address (If different than above):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security Number (Will be kept confidential):  
\_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Passport#:  
\_\_\_\_\_

Date Passport Expires: \_\_\_\_\_ Place of Issue:  
\_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Children's Names:  
\_\_\_\_\_

EMERGENCY INFORMATION:

In Case of Emergency, Contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

CHURCH INFORMATION:

Name of Home Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Church:  
\_\_\_\_\_

EMPLOYMENT/ SCHOOL INFORMATION:

Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City:  
\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title:  
\_\_\_\_\_

Name of the Current or Most Recent School Attended:  
\_\_\_\_\_

Current Major/Degree: \_\_\_\_\_ Date of Graduation:  
\_\_\_\_\_

Is this rotation for credit through your university or school? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list requirements or send information of the requirements of your University/  
School for credit:  
\_\_\_\_\_  
\_\_\_\_\_

Dates Requested for Rotation: Departure \_\_\_\_\_  
Return \_\_\_\_\_

Please list any Student Fellowship or Organizations you are involved in:  
Fellowship/Organization  
Address: \_\_\_\_\_

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HEALTH INFORMATION:

If you have any significant physical impairment, please  
explain: \_\_\_\_\_

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Explain treatments or medications you are presently receiving or any you have received  
for a significant physical or emotional problem:

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Any special dietary restrictions? (NOT PREFERENCES) If yes, explain:

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Are you allergic to any medicines? If yes, please list:

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Do you have medical insurance that will cover you overseas? Yes \_\_\_ No \_\_\_

Name of Insurer & Policy #:

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Personal Physician's Name: \_\_\_\_\_ Phone:

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If you do not, would you like information concerning coverage overseas? Yes \_\_\_ No \_\_\_

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PERSONAL EXPERIENCE:

List languages and proficiency:

1st Language:	Basic_____	Moderate_____	Proficient_____
2nd Language:	Basic_____	Moderate_____	Proficient_____
3rd Language:	Basic_____	Moderate_____	Proficient_____

List any previous experience related to the program for which you are applying:

How did you hear of Hospitals of Hope?

Shirt size: SM\_\_\_\_\_ MED\_\_\_\_\_ L\_\_\_\_\_ XL\_\_\_\_\_ XXL\_\_\_\_\_

If I am accepted, I will abide by the Spirit, rules, and schedule of the Hospitals of Hope International program for which I am applying.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Completed Application to:

Hospitals of Hope International, Inc.  
624 E. Morris  
Wichita, Kansas 67211

Telephone: 316-262-0964 or 316-262-0953  
Cell Phone: 316-204-4677  
e-mail: [mike@hospitalsofhope.org](mailto:mike@hospitalsofhope.org)  
[www.hospitalsofhope.org](http://www.hospitalsofhope.org)