

December 2, 2024

**PEACE CORPS MEDICAL OFFICER APPLICATION FORM**

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

SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Telephone (Day) : \_\_\_\_\_ ( Evening): \_\_\_\_\_

Available Date: \_\_\_\_\_

**Passport Information**

Passport Issuing Country: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Issue Date: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

**1.** List and attach a detailed description of all work experience over the past ten years, accounting for any periods of unemployment longer than three months. You may attach a signed resume or CV if it contains all the information requested below, including:

- Work experience for the past ten years, including your current position
- Full description of duties and responsibilities for each position
- Start and end dates for each position held
- Salary for each position
- Number of persons supervised
- Whether full or part time
- Reason for leaving
- Names and telephone numbers of supervisors
- Volunteer positions
- Languages spoken

**2. LICENSES** (Include photocopies of all current, active licenses.)

<b>Professional Title and License number</b>	<b>State, Country</b>	<b>Issue Date</b>	<b>Expiration Date (If there is no expiration date, include an explanation).</b>

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**3. CERTIFICATIONS** (Include photocopies of all current certifications.)

<b>Professional Title</b>	<b>Certifying Authority</b>	<b>Issue Date</b>	<b>Expiration Date</b>

**4. EDUCATION AND TRAINING**

Please list the undergraduate, graduate, nursing, or medical school you attended, dates attended, and degrees received. Include all physician internships, residencies, and fellowships. If this information is already included in the resume or C.V. you are attaching, it is not necessary to repeat it here.

<b>NAME AND ADDRESS OF INSTITUTION</b>	<b>FROM-TO</b>	<b>DEGREE</b>	<b>DATE AWARDED</b>

**5. Please answer the following questions. If you answer yes to any question, please include a typewritten explanation on a separate page.**

1. Has your license, certificate or registration to practice medicine or nursing ever been denied, revoked or restricted? Yes  No
2. Is an action against your license, registration, or certificate pending at this time? Yes  No
3. Have your privileges, membership, or employment at any hospital, medical or nursing institution ever been denied or suspended? Yes  No

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4. Is any action pending that would deny or suspend your privileges, membership or employment at a hospital, medical or nursing institution? Yes  No
5. Do you have a substance use history that may impair your ability to serve as a medical officer? Yes  No
6. Has your narcotics license ever been restricted in any manner? Yes  No
7. Have you ever been convicted of a criminal offense? Yes  No
8. Are any legal actions against you pending at this time? Yes  No
9. Have you ever been named a defendant in a malpractice action? Yes  No
10. Have you ever been denied malpractice insurance or had your malpractice insurance canceled? Yes  No
11. Have you ever received other than an honorable discharge from the military? Yes  No
12. In the last 5 years have you:
- been fired from a job?
  - quit after being told you would be fired?
  - left a job by mutual agreement following allegation of misconduct?
  - left by mutual agreement following allegation of unsatisfactory performance?
  - left a job for other reasons under unfavorable circumstances?
- Yes  No
13. Please account for any periods of unemployment longer than three months.

**Please use this space for explanation of any "yes" answers. Attach additional pages if necessary.**

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14. French fluency? Yes  No  Some knowledge

**15. Non-US Citizens**

Have you ever been denied a US visa? Yes  No

Do you anticipate that you would have any difficulty obtaining a US visa? Yes  No

16. Are you willing to travel to sites in the country you are applying to and overseas? Yes No

17. Do you have a working knowledge of Microsoft Word, Excel and Outlook? Yes No

**6. REFERENCES**

List names, addresses and telephone numbers of three professional references, one of whom is or was your immediate supervisor. Please contact them and ask them to write a letter of reference or fill a reference form. The reference should address the applicant's clinical skills observed by the referee. At least two must be from professional medical colleagues who have directly observed the applicant in a clinical setting. All references must have worked with the candidate and be written within the past two years, include full name and credential, current professional capacity, institution name and location, position/relation to candidate, dates working with candidate. Include the three reference letters (or reference forms) in your application packet.

Name	Address	Telephone Number

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I consent to the release of information about me, and release from any liability for their statements all persons, corporations, and other entities who submit information to the Peace Corps to facilitate assessment of my qualifications. This consent includes the release of information that will help Peace Corps evaluate my professional competence, character, ethics, and other qualifications, and to resolve any doubts about my qualifications. I agree that I, as an applicant for affiliation with the Peace Corps, have the burden of producing and for resolving any doubts about such qualifications. If asked by Peace Corps, I consent to an interview to evaluate my professional and other qualifications. I understand that this information will be kept in confidence by the Peace Corps.

I certify that, to the best of my knowledge and belief, all of my statements made on this form, as well as on my resume or CV, and on all other documents submitted in connection with this application are true, correct, complete, and made in good faith.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_