

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
- If applicable, explanation for periods of unemployment >3 months

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

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

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

Professional Title	Certifying Authority	Issue Date	Expiration Date

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.

NAME AND ADDRESS OF INSTITUTION	FROM-TO	DEGREE	DATE AWARDED

5. REQUIREMENTS: Please answer the following questions.

Requirement Questions	Please Indicate "Yes" or "No" Here	
1. I have a minimum of two (2) years of recent relevant clinical experience in primary care as an independent practitioner (after internship and/or residency)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have minimum of two (2) years of experience in providing health education	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have experience providing emotional support and short-term counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. I have experience in training design and presentation of health-related material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. I am willing and able to travel to sites within country and overseas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. I have knowledge of Microsoft Word, Excel, Outlook	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. I am able to obtain a United States of America visa	<input type="checkbox"/> Yes or N/A if US Citizen	<input type="checkbox"/> No
8. I have professional proficiency in English (oral, written, and comprehension)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Professional History Questions	Please Indicate "Yes" or "No" Here	
1. Has your license, certificate or registration to practice medicine or nursing ever been denied, revoked or restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is an action against your license, registration or certificate pending at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have your privileges, membership, or employment at any hospital, medical or nursing institution ever been denied or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is any action pending that would deny or suspend your privileges, membership or employment at a hospital, medical or nursing institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have a substance use history that may impair your ability to serve as a medical officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Has your narcotics license ever been restricted in any manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Are any legal actions against you pending at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been named a defendant in a malpractice action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No or N/A
10. Have you ever been denied malpractice insurance or had your malpractice insurance canceled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No or N/A
11. Have you ever received other than an honorable discharge from the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. In the last 5 years have you: a. been fired from a job? b. quit after being told you would be fired? c. left a job by mutual agreement following allegation of misconduct? d. left by mutual agreement following allegation of unsatisfactory performance? e. left a job for other reasons under unfavorable circumstances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. If you are a Non-US Citizen: Have you ever been denied a US visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No or N/A if US Citizen

Please use this space for explanation of any "Yes" answers to Professional History Questions above. Attach additional pages if necessary.

Additional Questions	Please Indicate “Yes” or “No” Here	
<p>1. If a patient becomes pregnant during service, she may either: (1) end her service and return home to continue the pregnancy, or (2) be medevaced to the U.S. for a pregnancy termination and usually return to complete service.</p> <p>Are you willing and able to provide initial counseling, present all options—including pregnancy termination—and support the patient in whichever decision she makes?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Are you willing to prescribe emergency contraception and other birth control methods?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>3. Are you willing to treat both male and female patients?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>4. Are you willing to perform genitourinary exams on both males and females?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>5. Are you willing to provide nonjudgmental, evidence-based care, health education, training, and counseling to individuals who use alcohol, tobacco, or other recreational substances, ensuring they receive accurate information that supports informed and health-promoting decisions?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>6. Are you willing to treat and provide counseling to individuals of all sexual orientations objectively and without judgment?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>7. Are you willing to treat individuals who are sexually active outside of marriage objectively and without judgment?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>8. Are you willing to treat and support individuals who have experienced sexual assault objectively and without judgment?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. REFERENCES:

Submit three (3) letters of reference, written within the last 2 years, who worked with you in a clinical setting:

- One (1) from a current or former supervisor.
- Two (2) from medical colleagues who have directly observed your clinical work within the past 2 years.

References must address:

- Hard skills: Technical expertise, quality and timeliness of work.
- Soft skills: Professional judgment, demeanor, leadership, teamwork.

Each reference must include:

- Full name and professional credentials.
- Current professional role and institution (name and location).
- Position/relation to candidate.
- Dates worked with candidate.
- Signature and stamp (if applicable).

Individuals completing your references should submit them **directly** to the Peace Corps hiring manager.

List names, addresses and telephone numbers of professional references below or use the Reference Form provided:

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 _____