

PEACE CORPS MEDICAL OFFICER APPLICATION FORM

Name _____

SSN _____ Birth Date _____

Address _____

_____ E-mail address _____

Telephone _____ (Day) _____ (Evening)

Availability Date _____ Geographic Preferences _____

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

To complete this application process, you must arrange to have references and verification of current, active licenses, current certifications, and education sent to Peace Corps directly from the issuing agency, institution, or individual. Verification and reference forms have been provided with this application to help you obtain all necessary references and documentation. Please make as many copies of the forms as you need.

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

Professional Title	State, Country	Issue Date	Expiration Date

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

Professional Title	Certifying Authority	Issue Date	Expiration Date

Name _____

4. EDUCATION AND TRAINING

Please list the undergraduate, graduate, nursing, or medical school you attended, dates attended, and degrees received. 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

List all other training completed in the last five years with dates.

Name _____

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

QUESTION	YES	NO
1. Has your license to practice in any state or country ever been denied, restricted, limited, suspended, reduced or not renewed?		
2. Have you ever been reprimanded by a licensing or certifying agency?		
3. Is an official reprimand or any other action by a licensing or certifying agency pending against you at this time?		
4. Have your privileges, or membership/employment at any hospital or institution ever been denied, suspended, reduced or not renewed?		
5.. Is any action pending that would deny, suspend, reduce or not renew your membership/employment at any hospital or institution?		
6. Has your narcotics license ever been restricted in any manner?		
7. Have you ever been denied membership, or renewal thereof, or been subject to disciplinary proceedings in any medical, nursing, or physician assistant organization?		
8. Are you now being treated for alcoholism or drug addiction?		
9. Do you have any medical, mental health or substance use history that may impair your ability to serve as a medical officer?		
10. In the last 5 years, have you consulted with a mental health professional or another health care provider about a mental health related condition? (If yes, provide on a separate sheet the dates of treatment and the name and address of the therapist or doctor, unless the consultation(s) involved only marital, family or grief counseling, not related to violence.)		
11. Have you ever been arrested?		
12. Have you ever been convicted of a criminal offense?		
13. Do you have any felony or misdemeanor convictions or charges pending?		
14. Have you ever been named a defendant in any legal action (e.g. malpractice?)		
15. Are any legal actions against you pending at this time?		
16. Have you ever been denied a security clearance by any agency of the United States Government?		
17. Have you ever been denied malpractice insurance?		
18. Has your malpractice insurance ever been canceled?		
19. Have you received other than an honorable discharge from the military?		
20. Have you ever been convicted by a military court-martial?		
21. 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?		

Name _____

6. Please give the name and address of your malpractice insurance carrier, if any.

7. Please give information on any of the following that apply, using additional sheets of paper if necessary. If these are detailed on an attached resume or CV, you need not repeat them here.

- a) Computer applications in which you have competency
- b) Languages you speak; indicate your level of fluency
- c) Associations in which you hold current, active membership
- d) Your publications
- e) Research you have undertaken, or in which you have collaborated
- f) Awards/citations you have earned
- g) Countries in which you have lived and worked, including dates
- h) Countries in which you have traveled

Name _____

8. REFERENCES

List names, addresses and telephone numbers of *at least three* professional references, one of whom is or was your immediate supervisor for the longest period during the past five years. These are the people to whom you must send the written reference form included with this application package. Make as many copies of the reference form as you need.

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: _____

Attention physicians: Please complete the following page of this application.

Name _____

PHYSICIAN INTERNSHIPS, RESIDENCIES, AND FELLOWSHIPS

INTERNSHIP

Institution Name and Address _____

From _____ To _____ Specialty _____

Department Chairperson _____ Telephone _____

RESIDENCIES

Institution Name and Address _____

From _____ To _____ Specialty _____

Department Chairperson _____ Telephone _____

Institution Name and Address _____

From _____ To _____ Specialty _____

Department Chairperson _____ Telephone _____

FELLOWSHIPS

Institution Name and Address _____

From _____ To _____ Specialty _____

Department Chairperson _____ Telephone _____

Institution Name and Address _____

From _____ To _____ Specialty _____

Department Chairperson _____ Telephone _____