

HOSPITALITO ATITLÁN MEDICAL CLINICIAN APPLICATION

NEW APPLICANT

TYPE OF CLINICIAN:

___ MD/DO ___ NP ___ PA-C ___ RN ___ OTHER: PLEASE SPECIFY:

LICENSE TYPE AND NUMBER: _____

COUNTRY AND STATE WHERE VALID:

DATE ISSUED: _____ **EXPIRATION DATE:** _____

SPECIALTY: _____

BOARD CERTIFICATIONS:

ARE YOU A RESIDENT? _____ **RESIDENCY YEAR:**

ARE YOU RETIRED? _____ **RETIREMENT DATE:** _____

IDENTIFYING INFORMATION:

Name:

Today's Date:

Home/Permanent Address:

E-mail:

Telephone:

DOB:

M/F:

Emergency contact – including Email, Phone Number, Address and Relation:

SPANISH

Do you speak Spanish? Yes No

If not, please do not continue, UNLESS YOU ARE AN OB/GYN OR SURGEON. OB/Gyns and surgeons are accepted, regardless of their ability to speak Spanish. If you are not an Ob/Gyn or Surgeon, we hope you will consider us in the future should you study Spanish. Thank you!

Please identify your level of Spanish, using our definitions below:

None Basic Intermediate Advanced

BASIC: can speak in the present tense. Can understand at least 25% of what native speakers say

INTERMEDIATE: can speak, read and write in the present, past (preterit and imperfect), and future tenses (ir + a + infinitive construction sufficient). Understands most of what is said by native speakers if they speak slowly and clearly. Can interview, examine and treat Spanish-speaking patients without an interpreter.

ADVANCED: can speak, read and write Spanish without needing to mentally translate most of the time. Can understand most of what is said by native speakers speaking at a rapid pace.

EDUCATION AND EXPERIENCE

Name, address and email contact of the hospitals and/or clinics with whom you are currently affiliated:

Hospital Position: Attending PGY year Not Applicable

Government requirements to volunteer are more stringent than previously. Via email please send us:

- Your CV/Resume – include all medical work/volunteer experience.
- This completed application.
- A Copy of Your License.
- Copy of your Diploma.
- A letter of good standing from your University, or from your certification Board.
- A letter addressed to Dr. Juan Manul Chuc stating that you want to volunteer at Hospitalito Atitlán and the dates you will be working.
- A copy of you passport, all pages including BLANK PAGES.
- When accepted we will send you a confirmation letter that you must sign and return to the medical volunteer coordinator.

Please note that, without exception, we will be unable to process your application or include you on the calendar and schedule until **all** documents have been received.

Have you ever traveled, lived or worked abroad? If so, where and for how long (Days? Weeks? Months? Years)?

CONDUCT QUESTIONS

- Have you ever been convicted of any felonies or misdemeanors excluding simple traffic or parking tickets? If yes, please explain: ___ Yes ___ No
- Has your current medical license or any past medical or professional licenses ever been revoked, suspended or restricted in any way? If so please explain in detail and provide related references. ___ Yes ___ No
- Have you ever been denied, had restricted, or lost privileges at a hospital? If so, please explain. ___ Yes ___ No

- If you are a medical resident, have you ever been asked to leave your residency program or a clinical rotation, either permanently or temporarily?: If yes, please explain: ___ Yes ___ No
- Have you ever taken a leave of absence from or changed your residency program? If yes, please explain. ___ Yes ___ No
- Do you currently have any physical or mental health conditions that could impair your ability to practice medicine? If yes, please explain. ___ Yes ___ No

INTERESTS

When and for how long would you like to volunteer? Please provide us with proposed work dates, not including travel and vacation time.

If we do not have a volunteer opening during your preferred dates, are there any other dates during which you may be able to work with us?

Would you be comfortable doing 24 hour shifts that include seeing ER and trauma patients, running codes, doing uncomplicated deliveries and covering inpatients? ___ Yes ___ No If not, please explain what would you be comfortable doing?

Volunteers join us for many reasons including cultural, linguistic, educational and experiential. Why do you want to volunteer with us? (Feel Free to attach an extra piece of paper to completely answer this question.)

Do you have a prepared 30 minute lecture, or would you be willing to prepare one for us about a medical topic? If so, which topic(s)? Are you comfortable giving it in Spanish?

SANTIAGO ATITLAN

Santiago Atitlan is blessed with a delightful climate and extraordinary natural beauty. It is unusual in that 95% of its population is Mayan, wearing traditional clothing and speaking Tz'utujil, a Mayan Language. Spanish is a second language, not spoken by approximately half of our patients. The Guatemalan hospital staff is gracious and welcoming. However, we occasionally have misunderstandings with volunteers which result in difficulty for us and disappointment for the volunteers. Most volunteers are thrilled with their time here, and some return repeatedly, alone or with their families. We want you to have a similar, rewarding experience. Please read the following carefully:

COMMITMENT We limit the number of volunteers that we accept and, with the exception of obstetricians and other specialists, rarely accept volunteers for less than one month. Once volunteers have confirmed their work dates, we plan our staffing and make schedules that include and integrate both volunteers and permanent staff. Therefore, we expect volunteers to work as planned, much as they would with a paid position.

SCHEDULES: Volunteers usually work up to 40-50 hours per week. Actual hours can vary significantly according to patient and volunteer staff census. Those who work in the Emergency Room exclusively will have one or two 24-hour in house shifts per week, depending on the number of volunteers we have. Others prefer to work a combination of Emergency/Inpatient shifts and Outpatient Clinic. There are many volunteers who work in the Outpatient clinic exclusively. The number of patients we see fluctuates significantly and unpredictably. Scheduled volunteers are expected to be present, regardless of low patient numbers. We never close and must be staffed accordingly. Conversely, in cases of multiple-patient emergencies or unexpectedly busy clinics, volunteers are often asked to work more than scheduled.

LIVING CONDITIONS: Housing that most Guatemalans would consider extremely good are usually below North American and European standards. All accommodations have electricity, cooking facilities and indoor plumbing. Most have hot water. Non-poisonous insects abound, even in the finest homes and hotels. (We do not arrange housing, but can provide you with housing information if you are accepted.)

SECURITY: Sadly this is an issue of concern in Guatemala, even for those of us who are extremely experienced Third-World travelers. Robberies are common, and night travel is very risky. We ask volunteers to take greater care than they would at home or in more touristy countries.

Having read the above, are you still interested in volunteering? ____ Yes ____ No

Please read the Frequently Asked Questions (FAQ) Section of our website www.hospitalitoatitlan.org before sending us your application. Please email this form to volunteer@amigsha.org

Thank you so much for your interest in Hospitalito Atitlan and in helping the people of Santiago Atitlán. We look forward to hearing from you and to answering any questions you may have. Thank you!

Comments:

RETIRED CLINICIANS

Please list all medical work done during the past 3 years:

Year	Location	Type of Work

Surgeons, please list the four (4) most recent surgeries you have performed.

	Date (Month & Year)	Location (Country, State)	Procedure	Your Role (Primary Surgeon? Assist?)
1				
2				
3				
4				

By submitting this form, I attest that the above is true and that I agree to abide by the workplace

rules and norms of Hospitalito Atitlan. Further, I agree to read the Volunteer Orientation Manual before starting work in the Hospitalito. (Copies are available at the Hospitalito.) I give permission for any necessary inquiries required to confirm or to clarify the above statements.

Signature and Date (Electronic Signature Acceptable)

Please email this form to our Volunteer Coordinators at rebeca.petzey@gmail.com. This is the only email address we would like you to use when communicating with the Hospitalito Atitlan. Thank you so much for your interest in Hospitalito Atitlan and in helping the people of Santiago Atitlán. We look forward to hearing from you and to answering any questions you may have. We do ask that you please read the most Frequently Asked Questions (FAQs) on our website before contacting us.

!Muchas Gracias! Maltiox!

Para el coordinador de voluntarios:

Fecha aplicación recibida:

Fecha aceptado:

Fecha de aprobación:

Fechas exactas de trabajar:

Fecha información enviado al coordinador general de voluntarios:

Carta de la escuela recibida: si no