

Please send Application to:

Chosen International Medical Assistance

3638 West 26th Street

Erie, PA 16506

Or email: jeff@chosenima.org

In addition to the application below, please send us the following:

_____ Recent Photo

_____ **\$250.00 non-refundable deposit** – The remainder of is due one month before the beginning of the project.

_____ Medical/Dental professionals - send a copy of diploma, credentials, privileges, and current professional license.

_____ All physicians: Please send a Curriculum Vitae and current list of surgical privileges.

_____ Anesthesia Providers – Please provide copy of DEA – Controlled Substance Registration Certificate.

_____ All applicants must sign and submit a liability release form found at the end of this document.

_____ Credit Card Information – We must have on file to purchase your airline tickets. (You may still choose to pay for the tickets via another method)

Project Name: _____

Project Start and End Date: _____

Name: _____ (Nickname) _____

Home Address: _____

City, State, ZIP: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

E-Mail Address: _____

Gender: _____ Birthdate: _____

Name on Passport: _____

Passport Number: _____ Citizenship: _____

Issue Date: _____ *Expiration Date: _____

Departure Airport Preference(s) _____

Frequent Flyer Number - (If applicable) _____

Are you a part of a group? _____ If so, which group? _____

Do you speak Spanish? _____ Are you proficient enough to interpret? _____

Medical Specialty: _____

Board Qualifications/Degrees: _____

Years of Experience: _____

Other Skills/Talents: _____

Are you coming as a General Helper? _____ Skills/Talents: _____

Emergency Contact Name: _____ Relationship _____

Emergency Contact Address: _____

Emergency Contact City, State, Zip: _____

Emergency Contact Phone: _____

Emergency Contact Email: _____

Medical Concerns that we should be aware of? _____

Are you taking any medication? _____ Please list: _____

Are you limited in day to day activities? _____ Please explain: _____

Do you have dietary restrictions or food allergies? _____

Is this your first trip with Chosen IMA? _____

Other missionary experience? _____

How did you hear about Chosen IMA? _____

What do you hope to experience during this trip?

Would you like to prepare a 5-10 minute devotional for the team? _____ T-Shirt Size? _____

Roommate request: _____ (we will try to accommodate your request)

Is there anything else that you would like us to know about you? _____

*** Passport expiration must be at least six months after trip end date**

*** You will be asked to provide a credit card so we can purchase your airline ticket**