



International Volunteers in Urology, Inc.
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Nurse Application Form

Please specify:
 OR
 Recovery
 CRNA
 Nurse Educator

PERSONAL INFORMATION

Name: _____ Application date: _____

Preferred address for IVU correspondence: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Phone (daytime): _____ Phone (evening): _____

Phone (mobile): _____ Fax: _____

E-mail: _____

Passport number: _____ Social Security No: _____

Citizenship: _____ If not a US citizen, give your visa type and expiration date: _____

Name of spouse/significant other (if applicable): _____

Dates available: _____ Length of service preferred: _____

Region or country of preference: _____

Languages spoken: _____

Type of trip preferred: General Pediatric Incontinence Stones

Emergency contact names, phone numbers, and addresses: (please list two)

1. _____

2. _____

PROFESSIONAL INFORMATION

Nursing program: _____ Dates attended: _____

Program director: _____ Type of license: _____

Previous training: _____

Current position: _____

Work-related references, phone numbers, and addresses: (please list two who can attest to your specific medical abilities and have worked with you within the past two years)

1. _____

2. _____

Current experience: (please indicate which types of patients/programs with which you have had experience in the last five years) _____

Check all that apply: Pediatric (0-6 years old) Youth (7-14 years old) Adult (over 14 years old)

Please describe any previous experience traveling or working in developing countries: _____

Please answer the following questions:

- Yes No Are you now or have you ever been involved in any litigation, lawsuits, claims, or arbitration, or are you now involved in any threatened litigation or claim related to your professional activities?
- Yes No Have judgments or settlements been made against you in professional liability cases or are you involved in any pending litigation or denied liability insurance at standard rates?
- Yes No Have you ever been denied liability insurance?
- Yes No Has your membership or renewal thereof in any medical organization ever been revoked, suspended, diminished, or denied?
- Yes No Have your privileges in any hospital ever been suspended, diminished, revoked, denied or not renewed?
- Yes No Have you ever been charged with any crime other than minor traffic violations?
- Yes No Has your license in any jurisdiction ever been limited, suspended, or revoked?
- Yes No Have you ever been subject to any disciplinary proceeding or action by any employer, hospital, or other entity or institution with respect to your professional activities or behavior?
- Yes No Have you ever received treatment, voluntarily or involuntarily for alcoholism or drug abuse, mental illness or psychiatric problems?
- Yes No Do you have any current or past health problems or conditions that would impact or limit your ability to practice medicine in a developing country?

If you answered yes to any questions, please provide a brief explanation: _____

I certify that the information on this application is true to the best of my knowledge. I authorize all persons and institutions to disclose to and share with IVU opinions and information regarding me, including but not limited to, information contained in this application and my skills, experience, fitness to practice medicine, character, work habits, and performance. I authorize IVU to release information contained in this application or obtained by IVU pursuant to the authorization contained in this paragraph to IVU's Board of Directors, committee members and staff. I waive any claims I might otherwise have against IVU resulting from IVU obtaining or releasing information as authorized by this paragraph.

Signature: _____ Date: _____

Print Name: _____

DOCUMENT CHECKLIST

Please include the following items: *(preferably via regular mail)*

- Curriculum Vitae including explanation of any time gaps within the last five years
- Two letters of recommendation *(one must be from the head of department where you practice)*
- One page personal statement, including any health issues and your current type of practice
- Copy of current nurses license
- Copy of CPR/BLS currency
- Copy of PALS currency *(if applicable)*
- Copy of current passport *(please do not fax; please send copy via regular mail or a scanned copy by e-mail)*
- Signed IVU Release form
- Tax-deductible USD \$50 application processing fee *(non-refundable)*