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Doctor Application Form

- Please Specify:
- Anesthesiologist
 - Pediatrician
 - Radiologist
 - Urologist
 - Urogynecologist
 - Other _____

PERSONAL INFORMATION

Name: _____ Application Date: _____

Preferred Address for IVUmed Correspondence: _____

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

Phone (mobile): _____ Phone (work): _____

Phone (home): _____ Fax: _____

Email Address: _____

Passport Number: _____ Citizenship: _____

Name of Spouse/Significant Other (if applicable): _____

Preferred type of experience: General Incontinence Pediatric Reconstruction Other _____

Preferred location (if any): _____ Preferred timing (if any): _____

Languages Spoken: _____

Emergency Contact Names, Phone Numbers and Addresses (please list two):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

PROFESSIONAL INFORMATION

Current Position: _____

Medical School of Graduation: _____ Dates Attended: _____

Residency Program: _____ Date Completed: _____

Program Director: _____

Fellowship Program (if applicable): _____ Date Completed: _____

Program Director: _____

Work-Related References, Phone Numbers and Addresses: *(please list two who can attest to your specific medical abilities and have worked with you in the last two years)*

1. _____

2. _____

Board Certified: Yes No Specialty: _____ Where taken: _____ Date: _____

Board Eligible: Yes No Specialty: _____ Where taken: _____ Date: _____

DEA Registration Number (if applicable): _____

Current Medical License Number: _____ State: _____ Date issued: _____

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) Pediatric (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 Has your federal DEA registration 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 IVUmed 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 IVUmed to release information contained in this application or obtained by IVUmed pursuant to the authorization contained in this paragraph to IVUmed's Board of Trustees, committee members and staff. I waive any claims I might otherwise have against IVUmed resulting from IVUmed obtaining or releasing information as authorized by this paragraph.

Signature: _____ Date: _____

Print Name: _____

DOCUMENT CHECKLIST

Please submit the following items:

- Completed application
- Signed IVUmed Release form
- Curriculum Vitae including explanation of any time gaps within the last five years

Email submission is preferred.



IVUmed

Agreement and Release from Liability

1. I, _____, acknowledge that I have voluntarily applied for a teaching position through IVUmed, a Utah 501(c)(3) non-profit public benefit corporation (“IVUmed”).
2. I have read and understand the information I received for teaching volunteers, and I represent that all information that I provided in the Application for IVUmed’s teaching program (hereinafter, “the Program”) is complete and accurate.
3. I understand and agree that my participation in the Program will not create an employment agency relationship with IVUmed or any of its sponsors or donors; none of which assume any responsibility for my rendition of services while participating in the Program.
4. I understand that I will assume the full cost for the expenses associated with my participation in the Program, unless IVUmed indicates in writing that partial or full grant monies have been provided through IVUmed.
5. I have consulted with and will continue to consult with the United States Department of State, the Center for Disease Control, and any other public or private entities deemed by me to be necessary to determine the safety and medical risks that are known to exist at the overseas site(s) that I will be visiting.
6. **I am aware that working in developing countries, including the country that I will visit, particularly in the health field, is or may be a hazardous activity. I am voluntarily participating in the Program with complete knowledge of the danger and risks involved and agree to accept any and all risks of illness, injury, or death.**
7. **In consideration of my agreement to participate, I agree that:**
 - A. **I will not make a claim against or sue IVUmed, its affiliates or the respective directors, officers, employees, agents, representatives, sponsors, donors, and successors and assigns of IVUmed or its shareholders for illness, injury, or damage resulting from my participation in the Program or the acts or omissions of IVUmed, its officers, directors, sponsors, or donors.**

B. I hereby release *IVUmed, its successors, assigns, officers, directors, sponsors, agents, and donors* from all actions, claims, rights, demands, damages, obligations, and liabilities that I may have or incur for illness, injury, or damage with respect to my participation in the program.

C. I agree to allow myself to be photographed or video recorded while participating in the Program. I also agree to allow any such photographs or video footage to be used by IVUmed or its sponsors and donors for any purpose.

D. I agree to provide a written summary of my participation in the Program to IVU within *two weeks* of the conclusion of my participation.

E. I agree to cite or make reference to IVUmed as the sponsor in any publication in which I participate with respect to my participation in the Program.

8. The provisions of this Agreement and Release from Liability shall be binding upon my successors and assigns.

9. I have carefully read this Agreement and Release from Liability and fully understand its contents. I acknowledge in executing this Agreement and Release from Liability that I do not rely and have not relied upon any representations or statement not set forth in this Agreement and Release from Liability with regard to the subject, matter, basis, or effect of the Agreement and Release from Liability. I am aware that this is a release of liability and a contract between IVUmed and me. I am signing this agreement of my own free will.

Date: _____ Participant Signature: _____

(Print Name)