



Scholarship(s) applying for: \_\_\_\_\_

7984 South 1300 East  
Sandy, Utah 84094  
www.ivumed.org

Phone: (801) 524-0201  
Email: info@ivumed.org

## IVUmed Traveling Urology Resident Scholarship Application

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Preferred Address for IVUmed Correspondence: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone (mobile): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Phone (home): \_\_\_\_\_ Fax: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_  preferred email address

Professional Email Address: \_\_\_\_\_  preferred email address

Passport Number: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Residency/Fellowship Program: \_\_\_\_\_

Program Director: \_\_\_\_\_ Post Graduate Year: \_\_\_\_\_

Current Position: \_\_\_\_\_ AUA Section: \_\_\_\_\_

Previous Training: \_\_\_\_\_

Dates Available: \_\_\_\_\_ Region or Country Preference: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Preferred type of experience:  General  Incontinence  Pediatric  Reconstruction  Other \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Please describe any previous experience traveling/working in developing countries: \_\_\_\_\_

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*Please answer the following questions:*

1. 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
2. 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
3. Have you ever been denied liability insurance?  Yes  No
4. Has your membership or renewal thereof in any medical organization ever been revoked, suspended, diminished, or denied?  Yes  No
5. Have your privileges in any hospital ever been suspended, diminished, revoked, or not renewed?  Yes  No
6. Have you ever been denied privileges at any hospital?  Yes  No
7. Have you ever been charged with any crime other than minor traffic violations?  Yes  No
8. Has your license in any jurisdiction ever been limited, suspended, or revoked?  Yes  No
9. Has your federal DEA registration ever been limited, suspended, or revoked?  Yes  No
10. 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

If you answer yes to any questions, please provide a brief explanation: \_\_\_\_\_

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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: \_\_\_\_\_

**Please include the following items:**

- Curriculum Vitae
- Two Letters of Recommendation (one must be from Program Director)
- One Page Personal Statement (including reason(s) for your interest in this scholarship and any health issues)
- Signed Applicant Agreement Form
- Copy of Current Medical License
- Copy of Current Passport

**Submission by email 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)