



Scholarship(s) applying for: _____

1914 East 9400 South, #448
Sandy, Utah 84093

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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: _____

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 Has your membership or renewal thereof in any medical organization ever been revoked, suspended, diminished, or denied?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: _____

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.



Resident Scholarship Program Agreement and Release from Liability

1. I, _____ acknowledge that I have voluntarily applied for a scholarship from IVUmed, a Utah non-profit public benefit corporation (“IVUmed”).
2. I have read and understand information for IVUmed Scholarship Applicants, and I represent that all information contained in the IVUmed Traveling Urology Resident Scholarship Application is complete and accurate.
3. I understand and agree that my participation in the Program and my acceptance of funds for reimbursement of expenses 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 medical care while participating in the Program.
4. I understand that the scholarship funds are to be used only for expenses relating to the IVUmed trip to the developing country such as airfare, food, and lodging, and are not to be used for personal items or deemed to be payment for services rendered. Any expenses exceeding the scholarship funds will be my sole responsibility.
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 which are known to exist at the overseas site to be visited.
6. **I am aware that working in developing countries, particularly in the health field, is or may be a hazardous activity. I am voluntarily participating in this activity with 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 receipt of scholarship funds to assist me in my desire to participate in the program, I agree that:**
 - a. **I will not make a claim against or sue IVUmed, its successors, assigns, officers, directors, sponsors, or donors 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, 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 and photographs of my participation in the Program to IVUmed within one month of the conclusion of my participation.
 - e. I agree to cite or make reference to IVUmed as a sponsor in any publication in which I participate with respect to my participation in the Program.
8. The provisions of the 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 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.

Signature: _____ Date: _____

Printed Name: _____