



Pediatrics Application

Date _____

Please complete, save, and email/mail this form to our office with the following items:

Three letters of reference, preferably from three people in your field who have worked with ReSurge International

Letter explaining your interest in volunteering with ReSurge International, describing any experience you may have working or traveling in lower middle-income countries LMICs

CV

Copy of current license

Copy of medical school diploma

Email to:

dora@resurge.org

Mail to:

ReSurge International, ATTN: Dora Rusin-Gomez
Director, Volunteer Services & Medical Supplies
756 N. Pastoria Ave., Sunnyvale, CA, 94085

Name _____ E-mail _____

Home Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Home Telephone _____

Office Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Office Telephone _____

Are you board-certified? Yes No

Date of Certification: _____

Do you speak any language other than English? ___ Yes ___ No

If yes, what language(s)?

How did you hear about ReSurge?

ReSurge International welcomes pediatricians with a wide range of experience. We realize that the scope of pediatric practice has significantly changed in the last several years, and we would like to know more about your own professional experience and present clinical work.

On average, how many hours per week do you spend taking care of pediatric patients?

Do you take care of hospitalized children outside of the newborn period?

If so, approximately how many children per year, and what kind of medical problems do your hospitalized patients have? _____

Have you done volunteer work for any other organizations in the past few years? If so, please describe the kind of clinical work you performed: _____

ReSurge International requires that all pediatricians be PALS certified. Are you presently PALS certified, and if so, when does your PALS certificate expire?

If you are not PALS certified, ReSurge International will need a copy of your updated PALS certificate prior to your next trip.

1. Do you have any physical or mental disability that impairs or could impair your ability to carry out your professional obligations (please consider all types of physical or mental disability, including past or present substance abuse)? _____

2. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients? _____

3. In the past five years, including the present, have you had a history of chemical dependency or substance abuse that might adversely affect your ability to competently and safely perform the functions of the coordinator/translator? _____

If you answered yes to any of the above, please describe below all physical or mental disabilities that you have which impair or could impair your ability to carry out your professional obligations. _____

“I certify that the above information is accurate, true and complete to the best of my knowledge, and that this information may be used to determine my eligibility to volunteer for ReSurge International.”

Signature _____ Date _____