



Clip 2x2 passport size picture here or e-mail digital photo of yourself with this application

## PROJECT STARFISH MEDICAL MISSION APPLICATION 2019

Thank you for your interest in PROJECT STARFISH'S Medical Mission to India. In order to participate in our clinics you must complete this application and return it to KATHRYN L. KEPES, MD, MBA. Please note that additional documents not listed on the application may be required in order to participate. *Use any additional paper as necessary.*

|   |  |                                    |
|---|--|------------------------------------|
| CLINIC/COUNTRY TRIP: INDIA                      | CLINIC NO: 6                                   | DATE OF TRIP: APR 25 – MAY 5, 2019 |
| FROM WHICH AIRPORT WILL YOU BE DEPARTING? _____ |  |                                    |
| <input type="checkbox"/> MEDICAL VOLUNTEER      | <input type="checkbox"/> NON-MEDICAL VOLUNTEER |                                    |

### A. PERSONAL INFORMATION

|                |            |               |            |                         |
|----------------|------------|---------------|------------|-------------------------|
| Title          | First Name | Middle Name   | Last Name  | Nickname/Preferred Name |
| Street Address |            | City          | Country    | State                   |
| Home Phone     |            | Work Phone    | Cell Phone | Email Address           |
| Marital Status |            | Spouse's Name |            |                         |

Preferred method of being contacted:  Home Phone  Work Phone  Cell Phone  E-mail

Have you ever been convicted of a felony?  Yes  No If yes, briefly explain. *Attach additional paper as necessary.*

### B. PASSPORT INFORMATION

|   |                |                           |               |
|---|----------------|---------------------------|---------------|
| Name – EXACTLY as it appears on passport: _____ |                | Passport Number _____     |               |
| Expiration Date                                 | Date of Issue  | Place of Issue            | Date of Birth |
| Nationality                                     | Place of Birth | Alien Registration Number |               |

Do you have an Indian visa:  Yes  No *If yes, please copy and include with your application*

**C. PROFESSIONAL INFORMATION** *(If you are non medical)*

Current Employer (last job if retired): \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

Please list any specialized skills, training, certifications or qualifications that you will bring to the trip:

\_\_\_\_\_  
\_\_\_\_\_

**D. MEDICAL PROFESSIONAL INFORMATION** *(If you are a medical professional, medical or nursing student)*

Specialty: \_\_\_\_\_ Date (or expected date) of Completion of Specialty: \_\_\_\_\_

Training: Date (or expected) of Graduation from Medical/Nursing School: \_\_\_\_\_

Medical School and Place of Residency: \_\_\_\_\_

State and License Number and Expiration Date: \_\_\_\_\_

**MEDICAL CREDENTIALING INFORMATION**

If you are retired please indicate date of retirement here: \_\_\_\_\_

Do we have your permission to check with the national practitioner's data bank? If yes, initial: \_\_\_\_\_

Do we have your permission to check with an approved credentialing organization? If yes, initial: \_\_\_\_\_

**E. IN CASE OF EMERGENCY**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Work Phone / Other Contact Information \_\_\_\_\_

**F. ALLERGIES/MEDICAL CONDITIONS** The developing world can be a stressful environment to those who are not accustomed to it, and participants should make a careful personal assessment regarding their ability to function as a reliable team member. Please answer each of the following questions and provide a full explanation below for any answer marked "no." **Attach additional paper as necessary.** Please be aware that due to country conditions and limitations, we may be unable to approve application or accommodate special needs on our Medical Missions.

1. Are you physically fit and free of medical conditions or disabilities, including anxiety and depression, which could limit your activities and/or prevent you and others from safely performing the volunteer services for which you are applying?  Yes  No If no, please explain: \_\_\_\_\_

2. Are you currently taking any medications on a regular basis?  Yes  No If yes, please list drugs and their indications: \_\_\_\_\_

3. Do you have any dietary restrictions?  Yes  No If yes, please explain:

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4. Please list any known allergies and special medications/treatments of which the team leader should be aware:

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**G. IMMUNIZATIONS** Participant is expected to fulfill country immunization requirements. If the participant is unable or unwilling to receive required immunizations, it is up to the participant to arrange proper documentation with their healthcare provider to show officials in host country.

*It is recommended that you go to an international travel clinic to discuss your requirements for India.*

YES, up to date.

NO, am not up to date but will be properly immunized or will arrange for proper documentations prior to departure.

**H. TRAVEL EXPERIENCE** Briefly list the extent of your international travels: *Attach additional paper as necessary*

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Have you participated in a medical, construction or mission trips? Where and what was your role?

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List any foreign languages and describe your proficiency level:

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**I. PERSONAL MOTIVATION** Please briefly explain your reasons for wanting to participate in the Project Starfish Medical Mission Program. Include contributions you believe you will make as a team member, and what you believe you will personally gain out of this experience. *Attach a separate sheet if necessary*

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**J. SKILLS** List specific skills applicable to volunteer trips. *Attach a separate sheet if necessary*

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**K. EXPECTATIONS** Each volunteer is expected to work under the authority of the Medical Team Leader, function as a member of a team, and adapt to unexpected circumstances. If possible, please give examples of your ability to do this. *Attach a separate sheet if necessary*

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**L. TRAVEL INFORMATION**

Departing date from your airport and date and time of arrival to Trivandrum Airport \_\_\_\_\_

Departing from Trivandrum Airport to your designated airport, date and time \_\_\_\_\_

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*Note: Before you purchase your tickets, it is important that we know the dates and times of your arrival to, and departure from, Trivandrum. We will use this information to coordinate the transportation to and from Trivandrum, so that we limit our back-and-forth trips as much as possible. Once you purchase your tickets, copies need to be sent to us. You need to be at the hotel April 25 before noon; the last clinic is May 5.*

**M. COMPLETION OF APPLICATION** Your completed application will be reviewed and we will contact you within one week upon arrival of your acceptance or rejection. *In addition to the application, you must include:*

**All Applicants**

- ◆ A clear copy of the first two pages (picture & signature) of your current passport, which must be valid for 6 months from date of travel
- ◆ If you have an Indian visa, please copy as well
- ◆ Updated Resume or Curriculum Vitae
- ◆ A current 2 x 2 passport sized picture. You can attach it to the application (or e-mail as a digital photo)
- ◆ Also please send a informal digital photo we can use for marketing in India
- ◆ A **non-refundable** deposit (preferably check or money order) in the amount of \$300.00.
- ◆ 2 letters of personal reference that can attest to your abilities as they relate to working as a clinic volunteer

**Medical Students / Nursing Students**

- ◆ One additional letter of reference from a faculty member (a total of 3 letters of reference)

**All Medical Professionals**

- ◆ Copy of professional diploma
- ◆ Copy of current professional license
- ◆ Two letters of professional reference (these can be combined with your personal references, you will need a total of 2 letters of reference)

**N. DOCUMENTS** A **signed** Travel & Payment Agreement, **signed** Video Release, and **signed** Travel Release and Waiver must also be returned to Project Starfish. You will receive these documents upon your acceptance to the Clinic Program. In addition, we will require information for your entrance and exit visas so we can send it to Holy Cross Hospital after your acceptance.

**O. ADDITIONAL DOCUMENTS** You will also be required to submit other documents to complete the visa or medical licensing procedure for Tamil Nadu.

**P. DEPOSIT** Currently checks or money orders are made payable to **Project Starfish**. Please write "PSI Traveler" in the lower left corner of your check or money order and be sure your name is on it as well. Because Project Starfish incurs some administrative costs prior to the departure date, the \$300 is non-refundable if you are accepted. Your check will be held until you are accepted; if not, it will be returned to you. Once completed, you should print out the application in PDF format and sign. Along with the additional items noted in Section N, you may then fax, scan and send via e-mail, or mail the application with your check. Be sure you remember to sign your name! Your check or money order must be mailed regardless to Project Starfish, c/o Kathryn Kepes, MD, 4503 Country Gate Court, Valrico, FL 33596 All payments made to Project Starfish should be tax deductible; please check with your accountant for verification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Any misrepresentation of medical credentialing, or other unlawful behavior is sufficient reason for application denial\**

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