

Please list the date you are interested in attending: \_\_\_\_\_

## **International Experience Application Packet**

### **Global Health Experience for Serving and Critical Thinking: A Tune up for your Brain**

The NurseTim<sup>®</sup> International Experience is a one-of-a-kind service learning opportunity for you to be a helping hand to those in need. Not only will you grow professionally, but you will also develop your skills as a global citizen. Through reaching out to the underserved, you will develop your critical thinking skills related to being a socially responsible professional. When you take part in this type of learning, your satisfaction in other parts of your life improves. Whether you are a student, a professional, or simply someone who wants to give back, the NurseTim<sup>®</sup> International Experience is for you.

Dr. Tim Bristol has been taking students, professionals, families, and other groups on international service learning trips since 2007. Our team works hard to help ensure you have a smooth experience from the day you register for the trip until the day of your final debriefing. It is our commitment to you that while in country we only employ the highest quality professionals who have proven themselves with multiple trusted resources. These professionals are not only invested in your satisfaction with the trip, but also with improving their homeland. Your collaboration with these native people will be a life changing experience.

NurseTim<sup>®</sup>, Inc.

Toll Free: 866.861.2896 Ext. 2

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trips@nursetim.com



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*onsite*



*online*

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866.861.2896 | [workshops@nursetim.com](mailto:workshops@nursetim.com)  
P.O. Box 86 | Waconia, MN 55387

## Introduction

Thank you for your interest in joining NurseTim®, Inc. on an international service-learning experience. Due to limited space, we are only able to accommodate a limited number of applicants. Each application will be thoroughly reviewed and considered by a team of reviewers. You will be notified of the final decision regarding your application. NurseTim®, Inc. reserves the right to refuse any applicant for any reason. Submitting an application is your agreement with and acknowledgement of the following:

1. You are not guaranteed a spot on the trip.
2. You assume all responsibility for your safety/security on the trip.
3. You release NurseTim®, Inc. and all affiliated organizations/partners from any liability (physical, financial, otherwise) related to your participation in this trip.
4. You accept full responsibility for all trip related expenses and will not hold NurseTim®, the Haiti Nursing Foundation, or any constituents, liable for any expenses at any time or for any reason related to the trip. This includes medical expenses, claims, cancellations, or any other type of expense. You assume full responsibility.
5. Upon submission of application, a \$100 application fee is required.
6. Upon approval of application, a \$700 payment is due within one month.
7. The remaining balance of \$975 is due **no later than** Feb 1, 2019. (This deadline is included for reference, however, NurseTim® reserves the right to change this deadline, based on the start date of the application process. **SCHOOLS AND UNIVERSITIES INTERESTED IN BRINGING GROUPS, PLEASE CONTACT US FOR PRICING AND DEADLINE INFORMATION**).
8. In the event that you are not selected for this experience during the application process, your \$100 deposit will be returned. **Deposits will not be refunded for any other reason.**

As with nearly all travel-related, humanitarian programs, once applications have been received, NurseTim® immediately begins spending funds on field planning, supplies, and administrative expenses. For this reason, after a certain point, we cannot provide full refunds when participants cancel. Please familiarize yourself with our Refund Policy timelines.

### Refund of Trip Costs in the Event of Cancellation:

- Application Fee: The \$100 application fee is non-refundable, unless your initial application is not approved. If you cancel for any reason after you have been approved, you will not be refunded your \$100 application fee.
- Cancellations for any reason, 45 days or more prior to departure date, will receive a full refund of trip costs.



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- Cancellations for any reason, less than 45 days prior to departure date, **receive no refund**. Please read this guide carefully prior to signing and submitting your application. Your signature on the application verifies authorization for NurseTim®, Inc. to contact your references. All submitted documents/references/images/files become property of NurseTim®, Inc. These documents will be kept private per local, state, federal laws.
- I understand that if I become pregnant, or I am pregnant, no part of the fee may be refunded after the time frame above.
- I understand that at any point prior to the trip, my application can be rejected, for any reason, to include withholding of information or inaccuracies.

## **Destination: Léogâne, Haiti**

**Purpose of Trip** - Develop critical thinking abilities through a global health experience.

**Dates of Trip** – March 15 – March 24, 2019

**Cost of Trip** - \$1775.00 (SCHOOLS AND UNIVERSITIES INTERESTED IN BRINGING GROUPS, PLEASE CONTACT US FOR PRICING AND DEADLINE INFORMATION).

**Includes:**

- In country transportation, lodging, two meals a day, water, translators.
- Guided tours and activities (minimum of 6 hours planned activities per day; activities will vary based on the agenda and changing environment in country).
- One day of recreational activities. Possibilities include a trip to the mountains, beach, or market.
- Emergency Evacuation Insurance

**Does Not Include:**

- Airfare, baggage fees (Do not purchase airfare without prior written approval from the NurseTim® team. NurseTim® will provide you with a contact person at a travel agency that coordinates our Haiti trips.)
- Gratuities
- Personal supplies, immunizations, certifications, and passport.

**Deadline:** We will accept applications through January 1, 2019 (SCHOOLS AND UNIVERSITIES INTERESTED IN BRINGING GROUPS, PLEASE CONTACT US FOR PRICING AND DEADLINE INFORMATION). Please note that these trips fill up fast so the sooner you submit your application, the more likelihood that there will be a spot available for you. We do not guarantee that a spot will be available upon submission of your application.



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## **Where to Send Payment:**

### **Individuals:**

Checks should be made payable to the **HAITI NURSING FOUNDATION** and sent to the NurseTim®, Inc. office at the following address:

NurseTim®, Inc.  
Attn: Haiti  
PO Box 86  
Waconia, MN 55387

### **Schools and Universities:**

Please contact us for payment information.

**References:** Two References (non-family members) due at time of application submission. (Reference form provided in this packet.) Persons completing the reference may email or mail application to: [trips@nursetim.com](mailto:trips@nursetim.com) or send to NurseTim®, Inc. at the address listed above.

### **Contact NurseTim®, Inc. with any questions:**

- Primary Contacts: Kira Christian – [kira@nursetim.com](mailto:kira@nursetim.com) and Sharon Darula – [sharon@nursetim.com](mailto:sharon@nursetim.com)
- [trips@nursetim.com](mailto:trips@nursetim.com)
- Toll Free: 866-861-2896, Ext. 2
- Fax: 866-861-2896

## **Safety**

Safety is our number one priority and every precaution is taken to hire dedicated and experienced translators who are natives. Transportation is provided by a trusted company that is trained to accommodate Americans. The guest house and nursing school we are staying at have security guards around the clock.

## **Continuing Education for Nurse Educators**

The Global Health Experience for Serving and Critical Thinking: A Tune up for your Brain is pre-approved for ANCC contact hours through NurseTim®, Inc.

## **Additional Expectations and Expenses After Acceptance**

- Valid and Current US Passport Required
- Visa (not required for travel to Haiti if you are a U.S. Citizen)
- Current Professional Licenses and Certificates/Certifications if applicable



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- Immunizations – May include (Consult your healthcare provider and/or your local travel clinic! They will determine what you need):
  - Tetanus/diphtheria/pertussis (Tdap) or Tetanus/diphtheria (Td)
  - Varicella
  - Measles, Mumps, Rubella (MMR)
  - Hepatitis A / Hepatitis B
  - Typhoid
- Prophylactic Medications
  - Ciprofloxacin/Azithromycin – (Required for Haiti unless a viable alternative is used)
  - Chloroquine (Required for Haiti unless a viable option is used)
  - Others
- Personal Health Insurance (International travel/evacuation insurance provided in trip fee.) Physical requirements and limitations (Special accommodations may be considered):
  - Standing for 3-4 hours on cement with temperatures that may be higher than 95 degrees F and high humidity.
  - Riding in vehicle on twisting mountainous roads for up to 3 hours at a time. If you are sensitive to car sickness, come prepared.
  - Due to the risk for illness, the Zika virus, and limitations of healthcare, pregnant women **cannot** participate on this trip.
  - The air can be smoky from cook fires. If you are sensitive to smoke or have asthma, come prepared.

Review the U.S. State Department Website travel information on your destination country prior to submitting this application.

<http://travel.state.gov/content/passports/english/country/haiti.html>

***Since this is a service trip, you will be asked to provide additional supplies for care, aid, and donation. This is optional, but highly encouraged.***

### **Cultural Sensitivity**

You will be evaluated by the standards of the host culture. It is your responsibility to be informed of appropriate and inappropriate behaviors, customs, and cultural expectations by thoroughly reading the information provided to you. It is vital that you maintain a sense of kindness, appreciation, and tolerance throughout the trip.

### **Behavior**

Traveling outside of the U.S. is a privilege that comes with much responsibility. Many behaviors seen as ordinary or acceptable in our own country may be offensive or even illegal



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in others. It is important that you be mindful of any identified “do’s” and “don’ts”, maintain a quiet and respectful demeanor, and avoid any behaviors that may call extra attention to you or the group.

- Be respectful and attempt to “blend in”. Present yourself quietly, humbly, and positively.
- Personal appearance and conduct must be culturally acceptable. Men, women, and children should be careful to dress modestly. No revealing clothing is acceptable.
- Avoid the following:
  1. Using narcotics unless prescribed.
  2. Using illegal drugs.
  3. Gambling.
  4. Profanity or vulgar speech.
  5. Romantic involvement and physical contact with team members or indigenous people.
  6. Sharing your email, phone, address, Facebook, or other contact information with indigenous people.
  7. Giving gifts, food, or money to individuals.
  8. Taking photos without permission of the people.
  9. Practicing (nursing, medicine, etc.) outside of your scope of practice based on the laws of your home state, the U.S. Federal Government, and the governments of your host country.
  10. Negative remarks about food, smells, hygiene, etc

### **Flexibility**

- Assume that not all will go as planned and our schedule may suddenly change. Water, electricity, phone, and internet service are not always available.
- Expect the unexpected and remain flexible to change.

## NurseTim®, Inc. International Experience Application

Please print clearly and answer each question to the best of your ability. Feel free to use the back if needed.

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_

*Please circle primary/preferred phone number.*

E-Mail Address: \_\_\_\_\_

Marital Status:  Single  Married

Do you have a current Passport that does not expire within 6 months of travel? **YES** **NO**

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Education** (Please list the highest level of professional education completed or in progress.)

Degree: \_\_\_\_\_

School: \_\_\_\_\_

Professional Licensure/ Certifications (if any): \_\_\_\_\_

\_\_\_\_\_

### Employment

Current Employer: \_\_\_\_\_

Position: \_\_\_\_\_

How long have you been with this employer? \_\_\_\_\_



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1. Why do you want to participate in this trip?

2. Have you ever been part of an international service learning or mission trip?

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_ *(If yes, please provide details):*

3. What skills, talents, training or gifts do you have that might be useful on this trip?

4. What goals or expectations do you have regarding this trip?

5. How will you work with difficult roommates while on this trip (may be up to 4 people per room)?

6. Are you pregnant? Are you planning on becoming pregnant before the trip or within six months after the trip? This question is important, as it is unsafe for women who are pregnant, or planning on becoming pregnant following the trip, to go to Haiti due to the Zika virus. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_



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Please acknowledge your agreement with the following statements by initialing in the spaces provided.

- I release NurseTim®, Inc. to contact the provided references to verify information presented in this application. \_\_\_\_\_ **(initial on this line to agree)**
- I hereby give my word that all statements in this application are true, to the best of my ability and that any inaccuracies/withholdings for any reason means that I forfeit my paid fees if I am not allowed to participate. \_\_\_\_\_ **(initial on this line to agree)**
- I agree to refrain from using alcohol, recreational drugs, or tobacco on this trip. \_\_\_\_\_ **(initial on this line to agree)**
- I accept full responsibility for all trip related expenses and will not hold NurseTim®, the Haiti Nursing Foundation, or any constituents liable for any expenses at any time or for any reason related to the trip. This includes medical expenses, claims, cancellations, travel delays or flight cancellations, or any other type of expense. I assume full responsibility for these expenses and for any financial expense on my behalf. \_\_\_\_\_ **(initial on this line to agree)**
- I acknowledge that this is a NurseTim® trip and while in Haiti NurseTim® will provide all travel and plan my itinerary. I also acknowledge that while in Haiti we are guests of our Haitian hosts. If I have any need to leave the NurseTim® group during my time in Haiti, I will need to give 60 days advance written notice. Once NurseTim® receives the request, approval will be determined. There are no guarantees of approval. \_\_\_\_\_ **(initial on this line to agree)**
- I acknowledge that if I choose to take part in an activity that exposes me to hazardous materials of any kind, whether in a hospital setting or in the general environment, I



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accept full responsibility for the exposure and all financial ramifications for myself and the client to address the situation per current practice guidelines. If I experience an exposure incident, I will follow NurseTim®'s protocol and fill out the appropriate forms related to the incident. I acknowledge that NurseTim® is not responsible. \_\_\_\_\_

***(initial on this line to agree)***

- I acknowledge and accept that any photos/video taken of me on this trip can be used by NurseTim® for marketing purposes. \_\_\_\_\_ ***(initial on this line to agree)***

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note: You may be contacted by NurseTim®, Inc. if any questions arise concerning your application.**

***Please complete and return to NurseTim®, Inc. via email at [trips@nursetim.com](mailto:trips@nursetim.com). You may also fax to 866.861.2896 or send by mail to NurseTim®, Inc., PO Box 86, Waconia, MN 55387***

OFFICE USE ONLY

Application accepted and approved by \_\_\_\_\_ Date: \_\_\_\_\_

Application denied by \_\_\_\_\_ Date \_\_\_\_\_

Reason/s denied:



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**NurseTim® , Inc. International Experience Reference Form**

Person providing reference: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to reach you by phone: \_\_\_\_\_

Reference is for (name of traveler): \_\_\_\_\_

Traveler’s tentative dates in Haiti: \_\_\_\_\_

If traveler is attending with an organization, please list the organization’s name: (school, church, etc.,) \_\_\_\_\_

Please answer all questions honestly and to the best of your ability.

**1. How long have you known the applicant?**

**2. In what context do you know the applicant?**

**3. Please describe the applicant’s strengths and skills.**



4. What skills or behaviors would you recommend the applicant develop and/or enhance prior to an international service learning experience?

5. How would you rate the applicant's ability to respond to change and/or unexpected events?

Very Flexible	Somewhat Flexible	Neutral	Somewhat Inflexible	Very Inflexible
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6. How does the applicant respond to leadership? (Circle one)

Resistant/Reactive 1 2 3 4 5 6 7 8 9 10 Receptive/Positive

7. Please rate your recommendation for this applicant to be chosen for an international service learning experience.

Recommendation without reservations	Recommendation with few reservations	Neutral	Do not recommend
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