



## **NurseTim, Inc. International Experience Application Packet**

**The NurseTim 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 develop your critical thinking skills related to being a socially responsible professional. The research is clear. 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 International Experience is for you.**

**We have been taking students, professionals, families, and other groups on international trips since 2007. We work hard to help ensure you have a smooth experience from the day you register for the trip until the day of your 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 people will be a life changing experience.**

# 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 and \$100 deposit is your agreement with and acknowledgement to 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, cancellation, or any other type of expense. You assume full responsibility.
5. Upon approval of application, a \$700 payment is due within one month.
6. The remaining balance of \$975 is due on Sept. 1, 2018.
7. 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 over prior to departure date, will receive a full refund of trip costs.
- Cancellations for any reason, less than 45 days prior to departure date, receive no refund.
- 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.

NurseTim, Inc.

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.

**Description of destination: Leogane, Haiti**

**Purpose of trip: Develop critical thinking abilities through a global health experience.**

**Dates of trip: October 5–14, 2018.**

**Cost of trip: \$1775.00 (In-country all inclusive – no gratuities included. Does not include airfare. Do not purchase airfare without prior written approval. We will provide you with a contact person at a travel agency we use for coordination of our Haiti trips.)**

**Deadline – We will accept applications through August 1, 2018. 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.**

**Cost: -- A \$100 deposit is due with your application. Upon application approval, \$700 will be due within one month. The remaining balance of \$975 is due by Sept. 1, 2018. Checks should be made payable to HAITI NURSING FOUNDATION and sent to the NurseTim office at the following address:**

**NurseTim, Inc.  
PO Box 86  
Waconia, MN 55387**

**2 References (non-family members) due at time of application submission.** Reference form provided in this packet. Person completing reference may email to [kc@nursetim.com](mailto:kc@nursetim.com) or [trips@nursetim.com](mailto:trips@nursetim.com) or send to NurseTim, Inc., PO Box 86, Waconia, MN 55387.

**Preparation Checklist**

To Do:	Date Completed
<b>1. Packet read and signed</b>	
<b>2. U.S. Passport Number:</b>  2.a. <b>Passport Application Submitted (if not active)</b>	<b>Exp. Date:</b>  <b>Date submitted:</b>
<b>3. Visa Number (if required)- N/A for Haiti</b>  3.a. <b>Visa Application Submitted (if not active)</b>	<b>Exp. Date:</b>  <b>Date submitted:</b>
<b>4. Review the U.S. State Department Website travel information on your destination country prior to submitting this application.</b> <a href="http://travel.state.gov/content/passports/english/country/haiti.html">http://travel.state.gov/content/passports/english/country/haiti.html</a>	<b>Date reviewed:</b>
<b>5. Application completed</b>	
<b>6. References complete</b>  6. a. <b>References requested (if not complete)</b>	<b>Ref 1 - Date requested:</b>  <b>Ref 2 – Date requested:</b>
<b>7. Professional Licenses and Certificates/Certifications</b>	<b>Please email a copy to <a href="mailto:trips@nursetim.com">trips@nursetim.com</a> with your completed application</b>
<b>8. Immunizations (recommendations based on destination – please consult your healthcare provider and review the current CDC recommendations)</b> <b>May include:</b> Tetanus, diphtheria, pertussis (Tdap) or Tetanus, diphtheria (Td) Varicella  Measles, Mumps, Rubella (MMR)  Hepatitis A  Hepatitis B  Japanese encephalitis  Rabies  Typhoid  Yellow fever	<b>List immunizations received and date</b> Note: We usually do not allow people to come who are not immunized as many of our interactions in Haiti are with unprotected people. If you have not completed your vaccinations your application may be given conditional approval.

<p><b>9. Prophylactic Medications (Contact your healthcare provider)</b></p> <ul style="list-style-type: none"> <li>• Ciprofloxacin/Azithromycin (Required for Haiti unless a viable option is used)</li> <li>• Chloroquine (Required for Haiti unless a viable option is used)</li> <li>• Others</li> </ul>	<p><b>Indicate any special travel considerations for medications (e.g. refrigeration is often not available)</b></p>
<p><b>10. Personal Prescription Medications &amp; Supplies (should be kept in original, labeled container with copy of prescription)</b></p> <p>Example: insulin, syringes</p>	<p><b>Indicate any special travel considerations (e.g. refrigeration needed)</b></p>
<p><b>11. Health Insurance coverage</b> (international travel/evacuation insurance is provided in your trip fee)</p>	
<p><b>12. What allergies (food, medication, animals) do you have?</b></p>	
<p><b>13. What physical limitations do you have? There will be times of standing for 3-4 hours on cement and the temperatures can be higher than 90° F as well.</b></p>	

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

Toll Free: 866.861.2896 Ext. 2

Fax: 866.861.2896

[kc@nursetim.com](mailto:kc@nursetim.com) or [trips@nursetim.com](mailto:trips@nursetim.com)

## Passport Information

A valid passport is required to leave or re-enter the United States. If you do not have a valid passport, it is important that you apply as soon as possible. Passports may take up to eight weeks to process and be delivered. Complete information on applying for a U.S. Passport may be found here: <http://travel.state.gov/content/passports/english.html>

You may contact the National Passport Information Center with any questions regarding your passport application.

### From the United States:

- 1-877-487-2778
- 1-888-874-7793 (TDD/TTY)

**Automated passport information is available 24 hours a day, 7 days a week. To speak to a customer service representative, please call between the hours of 8:00 a.m. to 10:00 p.m. Eastern Time, Monday through Friday, except Federal holidays**

### Once you receive your passport:

- Sign it
- Email / mail a copy of your passport to [trips@nursetim.com](mailto:trips@nursetim.com). Be sure to put your last name and the name of the country in which you will be traveling in the email.
- Make at least 3 copies: 1 to carry while traveling (separate from real passport), 1 to be kept with a family member or friend back home, and 1 to be kept secure by NurseTim, Inc. trip leader during the trip.
- Keep your passport secured on your person at all times when traveling.

### Lost or stolen U.S. Passports

If you are **in the United States** and **are** traveling in 2 weeks or less:

- Make an appointment to apply in person at a [Passport Agency or Center](#) to replace your passport in 8 business days or less (based on need, some restrictions apply).
- You must submit Form DS-11 and DS-64 in person to the agency.

If you are **in the United States** and **are not** traveling within 2 weeks:

- You must submit Form DS-11 and DS-64 in person at an authorized [Passport Application Acceptance Facility](#).

If you are **outside** the United States:

- Contact your nearest [U.S. Embassy or Consulate](#) to replace your lost or stolen passport overseas.
- For more information about lost or stolen passports overseas, please visit our Frequently Asked Questions page [here](#).

**Passports reported lost or stolen are invalidated and can no longer be used for travel.**

If your passport is recovered after it has been reported lost or stolen, please submit it to the address listed on the back of Form DS-64. Once a passport is reported lost or stolen, it cannot be re-validated or used as evidence of U.S. citizenship.

### Visa Information

No visa is required for your trip to Haiti.

### Travel Health/Immunizations

You are strongly encouraged to obtain the recommended immunizations for the destination country. The Centers for Disease Control (CDC) travel advisory website provides detailed information (<http://wwwnc.cdc.gov/travel/destinations/list>). Consult your personal healthcare provider or your local health department for additional information and to obtain immunizations. In addition to destination-specific recommendations, you should be up-to-date on routine vaccines (e.g. diphtheria-tetanus-pertussis, measles-mumps-rubella, varicella (chickenpox), polio, and annual flu shot. See your healthcare provider at least 4-6 weeks before your trip to obtain needed vaccines and prescription medications. You must provide NurseTim, Inc. with a copy of your current vaccination record.

### Health Insurance

Contact your health insurance provider to check if your current policy covers you when out of the United States. If not, there are companies that specialize in foreign travel health insurance.

### Personal Preparation

<b>Flexibility</b>	<b>Behavior</b>	<b>Cultural Sensitivity</b>
<p>Assume that not all will go as planned and our schedule may suddenly change. Water, electricity, phone, and internet service are not always available.</p> <p>Expect the unexpected and remain flexible to change.</p>	<p>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 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.</p> <ul style="list-style-type: none"><li>• Be respectful and attempt to “blend in”. Present yourself quietly, humbly, and positively.</li></ul>	<p>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,</p>

	<ul style="list-style-type: none"><li>• Personal appearance and conduct must be culturally acceptable. Men, women, and children should be careful to dress modestly. No revealing clothing is acceptable.</li><li>• Avoid the following:<ol style="list-style-type: none"><li>1. Using narcotics unless prescribed</li><li>2. Using illegal drugs</li><li>3. Gambling</li><li>4. Profanity or vulgar speech</li><li>5. Romantic involvement and physical contact with team members or indigenous people.</li><li>6. Sharing your email, phone, address, facebook, or other contact information with indigenous people.</li><li>7. Giving gifts, food, or money to individuals.</li><li>8. Taking photos without permission of the subjects.</li><li>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.</li></ol></li><li>• Negative remarks about food, smells, hygiene, etc.</li></ul>	and tolerance throughout the trip.
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**While You're Away**

You will be provided emergency contact information prior to departure. Make sure your family members have a copy of this, as well as a copy of your passport, insurance information, and travel plans/agenda (including flight numbers).

Contact with friends and family back home may be limited, if at all. It is a good idea to prepare your family with the realities of limited communication and possible changes in schedules.



## 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 Phone: \_\_\_\_\_

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

Marital Status:  Single  Married

Do you have a current Passport? **YES NO**

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

*(If you do not have a passport we suggest starting the application ASAP.)*

**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? \_\_\_\_\_

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

NurseTim, Inc.

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 roommates while on the trip?
  
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.

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

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

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

*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 even 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. \_\_\_\_\_ **(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 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 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 my request, approval will be determined by our Haitian hosts. There are no guarantees of approval. \_\_\_\_\_ **(initial on this line to agree)**

OFFICE USE ONLY

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

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

Reason/s denied:

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

## NurseTim, Inc. International Experience Reference Form

Applicant's Name: \_\_\_\_\_

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

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

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

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

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