

April 8, 2015

PEACE CORPS MEDICAL OFFICER APPLICATION FORM

Name _____

SSN _____ Date of birth _____ Place of birth _____

Citizenship _____

Address _____

E-mail address _____

Telephone (Day) _____ (Evening) _____

Available date _____

Passport Information:

Passport Issuing Country _____

Passport Number _____

Passport issue date _____

Passport expiration date _____

1. List and attach a detailed description of all work experience over the past ten years, accounting for any periods of unemployment longer than three months. You may attach a signed resume or CV if it contains all the information requested below, including:

- work experience for the past ten years, including your current position
- full description of duties and responsibilities for each position
- start and end dates for each position held
- salary for each position
- number of persons supervised
- whether full or part time
- reason for leaving
- names and telephone numbers of supervisors
- volunteer positions
- languages spoken

2. **LICENSES** (Include photocopies of all current, active licenses.)

| Professional Title and License number | State, Country | Issue Date | Expiration Date (If there is no expiration date, include an explanation). |
|--|-----------------------|-------------------|--|
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4. Is any action pending that would deny or suspend your privileges, membership or employment at a hospital, medical or nursing institution ?

yes ___ no ___

5. Do you have a substance use history that may impair your ability to serve as a medical officer?

yes ___ no ___

6. Has your narcotics license ever been restricted in any manner?

yes ___ no ___

7. Have you ever been convicted of a criminal offense?

yes ___ no ___

8. Are any legal actions against you pending at this time?

yes ___ no ___

9. Have you ever been named a defendant in a malpractice action?

yes ___ no ___

10. Have you ever been denied malpractice insurance or had your malpractice insurance canceled?

yes ___ no ___

11. Have you ever received other than an honorable discharge from the military?

yes ___ no ___

12. In the last 5 years have you:

- been fired from a job?
- quit after being told you would be fired?
- left a job by mutual agreement following allegation of misconduct?
- left by mutual agreement following allegation of unsatisfactory performance?
- left a job for other reasons under unfavorable circumstances?

yes ___ no ___

13. Please account for any periods of unemployment longer than three months.

Please use this space for explanation of any "yes" answers. Attach additional pages if necessary.

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14. French fluency? yes_____ no_____ some knowledge ___

15. Non-US Citizens

Have you ever been denied a US visa?

Do you anticipate that you would have any difficulty obtaining a US visa?

6. REFERENCES

List names, addresses and telephone numbers of three professional references, one of whom is or was your immediate supervisor for the longest period during the past five years. Please contact them and ask them to write a letter of reference. Include the three reference letters in your application packet.

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I consent to the release of information about me, and release from any liability for their statements all persons, corporations, and other entities who submit information to the Peace Corps to facilitate assessment of my qualifications. This consent includes the release of information that will help Peace Corps evaluate my professional competence, character, ethics, and other qualifications, and to resolve any doubts about my qualifications. I agree that I, as an applicant for affiliation with the Peace Corps, have the burden of producing and for resolving any doubts about such qualifications. If asked by Peace Corps, I consent to an interview to evaluate my professional and other qualifications. I understand that this information will be kept in confidence by the Peace Corps.

I certify that, to the best of my knowledge and belief, all of my statements made on this form, as well as on my resume or CV, and on all other documents submitted in connection with this application are true, correct, complete, and made in good faith.

Signature of applicant _____ Date: _____

Name _____