

Peace Corps
Jordan



فرق السلام
الأردن

JOB OPPORTUNITY ANNOUNCEMENT

Vacancy Number:	116
Position Title:	Peace Corps Medical Officer
Opening Date:	April 26, 2012
Closing Date:	May 17, 2012
Location:	Amman, Jordan
Area of Consideration:	All Interested Candidates
Work Hours:	Part- Time

The United States Peace Corps seeks a Medical Doctor, Nurse Practitioner or Physician Assistant to serve as a contracted Peace Corps Medical Officer (PCMO) based in Amman, Jordan. The PCMO will provide health care to U.S. Peace Corps Volunteers in Jordan and will work under the supervision of the Peace Corps Country Director in Jordan and the Peace Corps Office of Medical Services in Washington DC.

Duties include:

- Routine primary health care to Peace Corps Trainees and Volunteers including treatment of common illnesses and injuries in accordance with Peace Corps medical guidelines
- Individual short-term counseling on disease prevention, adjustment issues, stress management and cross-cultural problems
- Response to emergency medical situations
- Member of Senior Peace Corps staff in Jordan
- Design and presentation of health training sessions
- Site visits to Peace Corps Volunteers throughout Jordan
- Administrative tasks of the medical office including budget management
- Inventory of medical supplies and equipment
- Alternate 24 hour on- call duty with the other PCMO

*Qualifications and Requirements:**

- Graduate of accredited school
MDs must be a graduate of a school listed in this link, Foundation for Advancement of International Medical Education and Research: <http://www.faimer.org/resources/imed.html>
- Current license to practice

- At least 3 years experience in a professional practice, hospital or clinic setting
- Ability to communicate effectively in oral /written English.
- Experience in managing mental health issues including counseling of patients
- Experience in training design and presentation of health related material
- Working knowledge of Microsoft Word, Excel, Access, Outlook
- Ability to work effectively as part of an intercultural team
- Hardworking, reliable and diligent with good inter-personal skills
- Willing to travel to sites in Jordan
- Ability to work with minimal supervision

** A Nurse Practitioner or Physician Assistant may be considered only if candidate were trained in the US or British Commonwealth system.*

Salary for this position is 8,771 JODs, plus a standard benefits package.

Interested applicants for this position must submit the following or the application will not be considered:

1. A completed PCMO Application form, a completed PCMO applicant skills survey, a completed Privileging form. The applicant must complete this request for privileges depending on their professional qualifications.
2. A resume or C.V. that includes:
 - Professional positions held, identifying duties, responsibilities, dates of employment and reason for leaving
 - Education and training, identifying universities attended, dates of attendance, degrees and diplomas.
 - Professional licenses, certificates, registrations
 - An accounting for periods of unemployment longer than three months
3. Three professional medical references, with at least two being from medical colleagues who have directly observed the applicant in a clinical setting. (One must also be from the current employer.)
4. Photocopies of:
 - Academic diplomas.** Please note, in addition to a copy of the academic diploma, the applicant must submit an official academic transcript and curriculum.
 - Professional licenses.** If the license does not have an expiration date, written confirmation must be submitted directly from the issuing authority. Please note, if a license is not required, rather, the medical diploma is the license to practice, written confirmation, issued directly from the professional medical board, Ministry of Health or other appropriate regulatory authority establishing that the candidate is properly credentialed for medical practice, is required. If the medical license does not have an expiration date, written confirmation must be submitted directly from the issuing authority.
 - Certificates** of all post graduate training, internships, residencies, fellowships
 - Professional registrations**
5. A cover letter

6. Any other documentation (e.g., essays, certificates, awards, copies of degrees earned) that addresses the qualification requirements of the position as listed above.
7. The candidate should also provide the following:
 - a. Date of birth
 - b. Place of birth
 - c. Citizenship
 - d. Passport number
 - e. Passport issue date
 - f. Passport expiration date

All documents must be in English. Official translation is not required.

Additional Comments:

SECURITY REQUIREMENTS: A background security investigation will be required for all hires. Appointment will be a subject to the applicant's successful completion of a background security investigation and favorable adjudication.

All the required forms mentioned above are included in this announcement, but if you need individual forms please contact hr@jo.peacecorps.gov

SUBMIT APPLICATION TO

Peace Corps Administrative Officer
Jabal Amman, 4th Circle, Ibn Khaldoun St.,
Building # 81, Abu Hassan Trading Center,
Amman, Jordan

You may also email the required documents to hr@jo.peacecorps.gov or Fax: 06 461 9351.

1. Applicants should indicate the vacancy announcement number on their application, email subject line, or on the envelope.
2. Due to the volume of applications received, receipt cannot be acknowledged individually.
3. Only applications received before the closing date will be eligible for consideration. Applications and letters, which are inadequate or incomplete, will not be considered. Only applicants selected for interviews will be contacted.

The United States Peace Corps is an Equal Opportunity Employer.

July 28, 2010

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).

3. CERTIFICATIONS (Include photocopies of all current certifications.)

Professional Title	Certifying Authority	Issue Date	Expiration Date

4. EDUCATION AND TRAINING

Please list the undergraduate, graduate, nursing, or medical school you attended, dates attended, and degrees received. Include all physician internships, residencies, and fellowships. If this information is already included in the resume or C.V. you are attaching, it is not necessary to repeat it here.

NAME AND ADDRESS OF INSTITUTION	FROM-TO	DEGREE	DATE AWARDED

5. Please answer the following questions. If you answer yes to any question, please include a typewritten explanation on a separate page.

1. Has your license, certificate or registration to practice medicine or nursing ever been denied, revoked or restricted? yes ___ no ___

2. Is an action against your license, registration, or certificate pending at this time? yes ___ no ___

3. Have your privileges, membership, or employment at any hospital, medical or nursing institution ever been denied or suspended?
yes ___ no ___
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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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. These are the people to whom you must send the written reference form included with this application package. Make as many copies of the reference form as you need.

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 _____

V. PCMO APPLICANT SKILLS SURVEY

Name _____ Date _____

Indicate your comfort level with each of the skills listed below by typing or printing an **X** in the appropriate column.

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
I. Health Education and Prevention				
Individual patient education				
Planning and conducting group health education sessions (PST, IST, COS)				
Development of health education handouts and newsletters				
Administration of immunizations (IM, SC)				
Indications and contraindications for immunization for:				
MMR, polio, tetanus				
Hepatitis B				
Typhoid, meningitis				
Administration and interpretation of PPD skin test (intradermal)				
INH therapy for PPD converters				
Selection of malaria prophylaxis				
II. Clinical Care				
Medical history for common health problems				
Comprehensive medical history and review of systems				
Comprehensive physical examination				
Monitoring and management of stable, chronic conditions				
Coordinate referrals to specialist(s)				
Evaluation and stabilization for acute, severe illnesses				
Evaluation and stabilization for major trauma				
SOAP note documentation				

Name _____ Date _____

SKILL	Level of comfort?			
	High	Moderate	Low	Do not feel competent
Specific examination skills:				
Retinal (ophthalmoscopic)				
Ear canal and drum				
Oral exam (acute dental pain)				
Chest (percussion and auscultation)				
Cardiac (murmurs)				
Breast				
Abdominal tenderness or masses				
Rectal and prostate				
Vaginal - visualization of cervix, PAP				
Vaginal - uterus, tubes, ovaries				
Basic exam of major joints (shoulder, knee, etc.)				
Neurologic status				
Mental status				
Phlebotomy (venous blood samples)				
Administer IM medications				
Administer IV medications				
Insert IV catheters				
Select and administer IV fluids				
Insert urethral catheters				
Incision and drainage of abscesses				
Basic suturing				
Biopsy (simple) of skin lesion				
Application of casts and splints				
Record ECGs				
Interpret:				
Lab reports (chemistry, serology, hematology)				
Chest xray films				
Xray films of common fractures/etc				
ECG tracings				
Contraceptive counseling				
STD/HIV risk counseling				

Name _____ Date _____

SKILL	<u>Level of comfort?</u>			
	High	Moderate	Low	Do not feel competent
Clinical management of:				
Common skin disorders				
Abrasions and burns				
Upper respiratory tract infections				
Allergic rhinitis				
Asthma (outpatient)				
Pneumonia				
Hypertension				
Diarrhea				
Gastroenteritis/gastritis				
Urinary tract infections				
Menstrual disorders				
Prenatal care (uncomplicated)				
Vaginal discharge				
STDs				
Forensic evidence collection post sexual assault				
Musculoskeletal back pain				
Minor orthopedics				
Anemia				
Diabetes				
Hypothyroidism				
Seizure disorders				
Acute febrile illness				
Pulmonary TB (active)				
In general, do you provide or prescribe medications for the above conditions:				
via written guidelines				
via consultation with MD				
via personal knowledge and experience				
III. Mental Health Support				
Evaluation/limited counseling for:				
Interpersonal problems				
Anxiety				
Depressed mood				
Alcohol or drug abuse				

Name _____ Date _____

SKILL	Level of comfort?			
	High	Moderate	Low	Do not feel competent
Acute depression				
Panic attacks				
Suicidal ideation				
Psychosis				
IV. Administration and Program Management				
Maintaining medical confidentiality				
Planning and budgeting				
Medical supplies and pharmacy inventory management				
Hospital/clinic assessment				
Physician/consultant assessment				
Planning and conducting prevention programs (screening programs, smoking cessation, etc.)				
Reporting of cases for epidemiological/public health analysis				

<p>Additional comments:</p> <hr/>



Privileges for Peace Corps Medical Officers --Physicians

Name: _____

Please Print Your Name and Credential

PRIVILEGES REQUESTED

- Core Privileges** – Privileges to provide treatment for conditions that fall within the typical scope of an MD or DO.
- Additional Privileges** – Privileges to provide treatment for conditions that fall outside of the typical scope of a MD or DO.

QUALIFICATIONS FOR PRIVILEGES

To be eligible for core privileges, the MD or DO applicant must meet the following qualifications.

- Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation; **OR**
- A Doctor of Medicine or equivalent degree from a foreign medical school that provided education and medical knowledge substantially equivalent to accredited schools in the United States, plus Education Commission Foreign Medical Graduate (ECFMG) certification and/or graduation from a school listed in the Foundation for Advancement of International Medical Education and Research (FAIMER)
<http://www.faimer.org/resources/imed.html>
- Validation of foreign medical school accreditation
- Valid clinical MD or DO licensure
- Applicable knowledge and experience

CORE PRIVILEGES

Privileges included in the Core:**

Privileges that fall within the typical scope of a MD or DO practice include:

(**Please strike out any non-proficient privileges)

- Patient triage
- Initiate life support when necessary
- Maintain an adult immunization program
- Maintain current, complete clinical records in SOAP
- Adhere to Peace Corps Medical Technical Guidelines
- Accompany medevacs when indicated
- Provide emotional support and short-term counseling
- Provide health education to Trainees/Volunteers
- Perform administrative functions of the health unit
- Accrue 20 or more hours of continuing education annually
- Perform comprehensive patient history taking and physical exams including pelvic exams/ pap smears
- Assess, diagnose, and manage acute and chronic clinical issues
- Toenail Removal
- Anoscopy
- Prescribe pharmacologic agents including controlled substances according to the Medical Technical Guidelines
- Serve as a clinical prescriber for PCMO-RNs
- Serve as a clinical advisor for PCMO-NPs or PAs
- Peripheral venipuncture for lab work and IV administration of meds
- PPD placement and reading
- Preparation of thick and thin malaria smears
- Pulse oximeter and PEAK flow reading
- EKG tracing and interpretation
- Office diagnostics including commercial testing kits for HIV, urine dips, HCG, etc.
- Basic microscopy including UAs, wet mounts, stool
- Urethral catheterization
- Local infiltration anesthesia
- Simple laceration repair/I & D's
- Punch/Excisional/Shave biopsy
- Needle aspiration for culture
- Wart ablation on extremities

ADDITIONAL PRIVILEGES REQUESTED

To be eligible for a privilege listed below, the applicant must be able to demonstrate and/or document competence in performing any requested procedure.

Requested	PROCEDURE	ADDITIONAL CREDENTIALING CRITERIA (if applicable)	# of cases performed in 2 yrs **
<input type="checkbox"/>			

**** On a separate sheet of paper, please describe any major, unexpected complications you have encountered for any of the Core Privileges or Additional Privileges you are requesting.**

ACKNOWLEDGEMENT OF PRACTICIONER:

I have requested only those privileges for which, by education, training, current experience and demonstrated performance, I am qualified to perform, and that I wish to exercise as a Peace Corps Medical Officer and a MD or DO.

I understand that in exercising any clinical privileges granted, I am constrained by Peace Corps Office of Volunteer Support policies and rules applicable generally, and any applicable to the particular situation.

Applicant Signature: _____

Date: _____

Please Sign Your Name

CLINICAL SERVICE RECOMMENDATION:

Core Privileges

- Recommend
- Recommend with the following modification(s) and reason(s): _____

- Denied
- Suspended
- Revoked

Additional Privileges

- Denied
- Recommend
- Recommend with the following modification(s) and reason(s): _____

I have reviewed the requested clinical privileges and supporting documentation for the above named practitioner and recommend action on the privileges as noted above:

Signature
Chair, Credentialing Committee

Date

Signature
Medical Director, Office of Volunteer Support

Date

**STANDARD REFERENCE FORM
For Peace Corps Medical Officer Applicants**

To be completed by a medical colleague who has directly observed the applicant in a clinical setting.

I am applying for a contract as a Peace Corps Medical Officer (PCMO). The application process requires that I obtain professional references using this form, and that the individuals supplying references return the completed form directly to:

The local Peace Corps office if applying from overseas;

Or if applying within the United States to:

Paul D. Coverdell Peace Corps Headquarters
Office of Medical Services
1111 20th St. NW
Washington, DC 20526
Attention: PCMO Program Coordinator, Fax: 202.692.1596

I consent to the release of information about me to the Peace Corps and have signed below. I release from any liability for their statements, all persons, corporations, and other entities who submit information at the request of the Peace Corps to facilitate assessment of my qualifications. This consent includes the release of information for the purpose of accurate evaluation of my professional competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

Signature of applicant _____ Date: _____

Print Name _____

Address _____

_____ Telephone _____

Please complete all parts of this form and return it at your earliest convenience. If you need more space, please use a separate sheet of paper. Information you provide will be reviewed by selection panels, including Peace Corps Country Directors who are considering the applicant.

VERIFICATION

In what capacity do you know the applicant?

The applicant was/is affiliated with

_____ (institution)

in the capacity of _____ from _____ to _____

How long have you known the applicant? _____

Actions taken: If you answer "yes" to any of the questions, please provide a typewritten explanation on a separate page.

Question	Yes	No
1. During the time noted above, has this provider ever been subject to any disciplinary action, e.g. monitoring, changes in clinical privileges?		
2. To the best of your knowledge, has the applicant ever been under investigation by any legal or professional entities?		
3. To the best of your knowledge, have there been, or are there now, any malpractice actions against this provider?		
4. If this provider left your organization, were any actions taken against him/her?		

EVALUATION

Please rank the applicant's skills and abilities using the following formula:

- 4 Superior
- 3 Good
- 2 Needs improvement
- 1 Poor
- NI No information or insufficient information to make a judgment

I. Prevention/Health Education. The Applicant:

____ Designs and conducts substantial prevention and health education programs.

II. Clinical Care. The Applicant:

____ Provides primary care for common illnesses and injuries.

____ Demonstrates clinical competence

____ Demonstrates technical skill

____ Uses professional judgment

- ____ Provides appropriate case management
- ____ Maintains good patient relationships
- ____ Arranges prompt referrals as indicated (and where possible)
- ____ Makes appropriate decisions with respect to medical evacuations.
- ____ Arranges and accompanies clients on medical evacuations as required.
- ____ Provides 24-hour on-call support.

III. Mental Health Support. The Applicant:

- ____ Provides a significant amount of effective mental health and emotional support to clients, following established guidelines.
- ____ Evaluates and manages clients with real or suspected alcohol/substance abuse problems, following established guidelines.

IV. Program Management. The Applicant:

- ____ Maintains current, complete and accurate documentation in medical records.
- ____ Understands and follows rules of medical confidentiality.
- ____ Is capable of projecting and planning for Volunteer health system needs annually, managing and accounting for a budget, and maintaining pharmaceutical, medical supply, and equipment inventories.
- ____ Participates fully as a member of the staff.
- ____ Works and communicate well with others.

If this provider left your organization, did s/he do so voluntarily?	Yes	No
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ADDITIONAL INFORMATION

To the best of your knowledge, is there anything that may adversely affect the applicant's ability to fulfill the roles and responsibilities of the PCMO? It is likely that these responsibilities will include traveling, working, and living in remote, isolated areas of the developing world. It is possible that the PCMO may be the only western-trained health care provider in the area.

RECOMMENDATION

_____ I recommend this individual without reservation.

_____ I recommend this individual with the following reservation(s):

_____ I do not recommend this individual for the following reason(s):

My general opinion of the applicant is:

Signature: _____

Print: _____

Title: _____

Date: _____

I can be contacted by telephone at: _____