



***Interplast Trip Pediatric Application***

Date \_\_\_\_\_

Please complete this form and send to the Interplast office with the following items:

- Three letters of reference, preferably from three people in your field who have worked with Interplast
- Letter explaining your interest in volunteering with Interplast, describing any experience you may have working or traveling in developing countries
- CV
- Copy of current state license
- Copy of medical school diploma

Please send to your completed application packet to:

Interplast  
ATTN: Beverly Kent, Director, Volunteer Services  
857 Maude Ave.  
Mountain View, CA 94043

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Office Telephone \_\_\_\_\_

Are you board-certified?  Yes  No Date of Certification: \_\_\_\_\_

Do you speak any language other than English?  Yes  No

If so, what language(s)? \_\_\_\_\_

\_\_\_\_\_

How did you hear about Interplast? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interplast welcomes pediatricians with a wide range of experience. We realize that the scope of pediatric practice has significantly changed in the last several years, and we would like to know more about your own professional experience and present clinical work.

On average, how many hours per week do you spend taking care of pediatric patients?  
\_\_\_\_\_

Do you take care of hospitalized children outside of the newborn period?  
\_\_\_\_\_

If so, approximately how many children per year, and what kind of medical problems do your hospitalized patients have? \_\_\_\_\_  
\_\_\_\_\_

Have you done volunteer work for any other organizations in the past few years? If so, please describe the kind of clinical work you performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interplast requires that all pediatricians be PALS certified. Are you presently PALS certified, and if so, when does your PALS certificate expire? \_\_\_\_\_

**If you are not PALS certified, Interplast will need a copy of your updated PALS certificate prior to your next trip.**

Do you have any physical or mental disability that impairs or could impair your ability to carry out your professional obligations (please consider all types of physical or mental disability, including past or present substance abuse)?    \_\_\_ No    \_\_\_ Yes

1. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients?    \_\_\_ No    \_\_\_ Yes

2. In the past five years, including the present, have you had a history of chemical dependency or substance abuse that might adversely affect your ability to competently and safely perform the functions of a trip pediatrician?

No  Yes

If you answered yes to any of the above, please describe below all physical or mental disabilities that you have that impair or could impair your ability to carry out your professional obligations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“I certify that the above information is accurate, true and complete to the best of my knowledge, and that this information may be used to determine my eligibility to volunteer for Interplast.”

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