



Interplast Trip Surgery 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 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 or board-eligible (circle one)? Yes No

I am very competent to perform the following (circle all that apply):

Cleft Lip	Cleft Palate	Microsurgery
Hand Surgery	Burn Reconstruction	Eyelid Ptosis
Microtia	Oculoplastic Reconstruction	Craniofacial Surgery
Maxillofacial Surgery	General Reconstructive & Flap Surgery	

I would be considered a specialist in:

Have you done volunteer work for any other organizations? _____

In what languages are you fluent? _____

How did you hear about Interplast? _____

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)?

1. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients? _____
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 surgeon? _____

If you answered yes to any of the above, please describe below all physical or mental disabilities that you have which 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 _____