



**Ob/Gyn Residency Program
Visiting Faculty Application**

Name: _____
(Last) (First) (Middle)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Fax: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Place of Work: _____

Work Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Preferred Mailing Address (check one): Home Address Work Address

Please complete the following information:

What are your goals and expectations for the program?

Please describe any teaching experience you have:

Please indicate which types of patients/programs you have had experience with in the last 3-5 years:

- _____ High Risk Obstetrics
- _____ Gynecologic surgery
- _____ Laparoscopic surgery
- _____ Ultrasound
- _____ Fistula repair
- _____ Family planning and abortion

Please briefly describe the nature of your current work:

Specialty (Fellowship) Training:

Specialty	School/Hospital	Dates	Degree(s)

Board Certification: YES Date and Specialty: _____ NO

Board Eligible: YES Date and Specialty: _____ NO

Have your medical privileges ever been suspended? YES NO

If YES, please explain:

Have you ever participated in any overseas medical/healthcare work? YES NO

If YES, please provide organization and contact phone number:

Foreign languages: please indicate level of fluency on a scale of 0 (none) to 5 (fluent)
(Foreign language skills will not preclude participation in program; this is informational only.):

_____ Amharic

_____ Tigrinya

_____ Arabic

Are you available on short notice to join a tour?

Yes with 1-2 weeks notice

Yes with 3-4 weeks notice

No. If no, how much time do you need? _____

How long can you be overseas?

- 2 weeks
- 3 weeks
- 4 weeks
- 2 – 6 months
- 7 – 12 months
- > 1 year

PASSPORT INFORMATION

Passport #: _____ Passport type: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____

Issuing Authority name and city: _____

Date Issued: _____ Expiration: _____

APPLICATION PROCESS:

Please send this completed and signed application along with:

- **Current Curriculum Vitae/Resume**
- **Current copy of licensure**
- **Current copy of Board certification (if applicable)**
- **Copies of medical diploma and related fellowships/residencies**
- **Three (3) letters of recommendation (if not GW/Columbia faculty) from professional colleagues and/or supervisors that include comments on your teamwork and teaching abilities**

Please remember that this is a professional medical application. **Letters of recommendation should be typed on letterhead and include contact information for the author.**

Completed application packets will be sent to the Eritrea Visiting Faculty Review Board at which time you may be interviewed by telephone or asked to submit additional information. The Partnership for Eritrea will inform you of the results of your application.

If an applicant is selected for a visit, all of his/her work will be done on a volunteer basis. Transportation and lodging are provided by the Partnership for Eritrea.

Please send all forms to:

**The George Washington University
Office of International Medicine Programs
Attn: The Partnership for Eritrea - Credentialing
Coordinator
Ross Hall, Suite 708
2300 I St, NW
Washington, DC 20037**

I have read the above and certify that the foregoing is true, correct and complete. I shall promptly inform the Partnership for Eritrea if there is any change to the facts herein.

Signature: _____ Date: _____