Surgery Residency Program
Visiting Faculty Application

Please complete the following information:

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

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, and describe your current work.

________ Pediatrics (0-6 years old)
________ Youth (7-14 years old)
________ Adult (over 14 years old)

Please briefly describe the nature of your current work, highlighting any teaching experience you have:

Specialty Training:

Specialty	School/Hospital	Dates	Degree(s)

Board Certification: ☐ YES Date and Specialty: ________________________ ☐ NO
Board Eligible: ☐ YES Date and Specialty: ________________________ ☐ NO
Additional Training (if any):

- ☐ Cardio-thoracic
- ☐ Surgical Critical Care
- ☐ Colon and Rectal
- ☐ ENT
- ☐ Endocrinology
- ☐ Gynecology
- ☐ Maxillo-Facial
- ☐ Nephrology
- ☐ Neurosurgery
- ☐ Orthopedics
- ☐ Pediatric
- ☐ Plastic
- ☐ Radiology
- ☐ Urology
- ☐ Vascular

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 phone contact 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**
- ☐ **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 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:**_____________________