

Medical Spanish/Global Health Course

Application

León, Nicaragua

Sponsored by University of Nebraska Medical Center and
Universidad Cristiana Autónoma de Nicaragua

I am applying for:

- | | | | |
|------------------|---|---|---|
| Phase I: | <input type="checkbox"/> Jan 28-Feb 25, 2012 | <input type="checkbox"/> February 26-March 25, 2012 | <input type="checkbox"/> April 1-April 29, 2012 |
| | <input type="checkbox"/> May 27-June 24, 2012 | <input type="checkbox"/> Jul 1-Jul 29, 2012 | |
| Phase II: | <input type="checkbox"/> Jan 28-Feb 25, 2012 | <input type="checkbox"/> February 26-March 25, 2012 | <input type="checkbox"/> April 1-April 29, 2012 |
| | <input type="checkbox"/> May 27-June 24, 2012 | <input type="checkbox"/> Jul 1-Jul 29, 2012 | |

***Highlighted Courses are currently full**

General Information

Name: _____
(First Name) (Middle Name) (Family Name)

Present Address: _____

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

Telephone (home): (____) _____ (work): (____) _____

E-mail: _____

Current Institution: _____

If student, program: _____ Anticipated year of graduation: ____

If faculty, department and position: _____

If staff, department and position: _____

Campus Address: _____

Mailing Address: _____

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

Permanent Address: _____

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

Emergency Contacts (please provide two)

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ State: ____ Zip: _____ City: _____ State: ____ Zip: _____

Telephone: (____) _____ Telephone: (____) _____

Additional Information

Do you have a valid passport? Yes No Passport #: _____

Country of Issue: _____ Expiration date: _____

My level of Spanish is:

Beginner Beginner/Intermediate Intermediate Intermediate/Advanced Advanced

When completed, please print and sign this form. Please read carefully the Release of Liability. Sign and attach to your completed application, along with the required deposit of \$200 (nonrefundable). Applications received without Release of Liability and deposit will not be accepted. Make check payable to: UNMC

**Mail Completed Applications to: International Health and Medical Education
985700 Nebraska Medical Center
Omaha, NE 68198-5700**

I hereby declare that the foregoing information is true and complete to my knowledge:

Signature

Date

International Health and Medical Education
University of Nebraska Medical Center

Release of Liability

***THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS.
READ IT CAREFULLY.***

I am enrolling in the Medical Spanish/International Health Course. I understand that living in any new place may involve changes in plans, unexpected delays, and limited access to services. I understand that I am subject to the laws of Nicaragua, including those of migration, and that The University of Nebraska Medical Center can not be held accountable for the actions of governments or their representatives. I am aware that the use of transportation, housing, food, and other goods, services, or activities in connection with participation as a student/volunteer carries a risk of personal injury and property damage or loss.

I agree that I will not sue or otherwise make any claim against The University of Nebraska Medical Center or any of its officers, employees, agents, contractors, volunteers, for any injury, loss or damage suffered as a result of my participation as a student/volunteer, regardless of whether such injury, loss, or damage was caused, in whole or in part, directly or indirectly, by the actions, inaction, negligence or otherwise by any officer, employee, agent, contractor, or volunteer of The University of Nebraska Medical Center.

I also hereby agree to release and discharge The University of Nebraska Medical Center, its officers, employees, agents, contractors, or volunteers from all actions, claims, or demands, for myself, my family, my heirs or personal representatives, for death, injury, loss, or damage resulting in my participation as a student/volunteer in the Medical Spanish/International Health course.

I AM OVER 18 YEARS OF AGE AND HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, ITS OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, AND VOLUNTEERS, AND I SIGN IT OF MY OWN FREE WILL.

Date

Signature

Print Full Name

Medical Spanish/Global Health Course

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Course Dates

Phase I: January 28-February 25, 2012; February 26-March 25, 2012; April 1-29, 2012; May 27-June 24, 2012; July 1-29, 2012

Phase II: January 28-February 25, 2012; February 26-March 25, 2012; April 1-29, 2012; May 27-June 24, 2012; July 1-29, 2012

Phase I Course Description: This four-week course is an immersion Spanish language study with onsite exposure to primary and community health care in an underdeveloped country.

The course will provide one-on-one instruction in the Spanish language, using the facilities of a Spanish language school in León, Nicaragua. Participants will study Spanish language grammar and structure and practice conversing. Due to the individualized nature of the instruction, students at any level of Spanish language knowledge will be able to participate. Students will learn about the delivery of health care in Nicaragua through field trips, visiting Nicaraguan health care facilities, and interaction with Nicaraguan health care professionals. The last week of the course offers hands-on experience at local health facilities in the León region. Program components include:

- Seminar introduction to health care provision in Nicaragua
- Observation of primary and community health care programs
- Individual Spanish instruction
- Special cultural activities
- Nicaraguan family homestay

Phase II Course Description: This course provides one week of Spanish language review (private instruction) in León at a Spanish bilingual school, followed by three weeks of clinical experience at medical facilities in the León region. Lectures and field trips will supplement the clinical experience.

Program Coordinators: Angelina Delgado, MD, MPH; Sara E. Pirtle, MBA and selected members of the medical faculty of UCAN. Ms. Pirtle is the Coordinator of International Health & Medical Education at the University of Nebraska Medical Center. Dr. Delgado is a Nicaraguan primary care physician and the onsite course coordinator.

Requirements: Preference is given to students, faculty, and staff of the University of Nebraska Medical Center.

Targeted number of participants per course: six to fourteen participants in Phase I; two to six participants in Phase II.

Housing: Homestay with a Nicaraguan family.

Costs: \$2200 will cover Spanish language instruction, program lectures, homestay with a Nicaraguan family, most meals, airport pickup, housing during field trips, ground transportation, and most miscellaneous program fees. Not included: airfare, meals during the weekends and field trips, required texts, personal expenses, and some miscellaneous costs.

**For additional information contact:
International Health & Medical Education
University of Nebraska Medical Center
402 559 6414**

Applications available at <http://www.unmc.edu/ihme>