



BELIZE INSTITUTE FOR TROPICAL & WILDERNESS MEDICINE

ROTATION APPLICATION FOR MEDICINE & RESCUE COURSES

Please read the "Fast Facts" & course descriptions accompanying this form carefully! If you would like to apply for our programs, please complete this form and return it to us. Either our Director for Training Bruce Hagen and/or our Medical Director Keith Brown will contact you to discuss your application, interests, and capabilities. If you are continuing in the application process after that, you will be sent an informed consent/liability release. After reviewing and signing that form, return it to us with your class fee. Send no money now! Note that you are not officially accepted into this program until we acknowledge receipt of your informed consent and class fee! We are happy to supply any documentation you need for your program's requirements, please contact us with your specific needs.

Course & dates you are applying for:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Country: _____

Telephone: _____ Best time to call: _____

E-mail: _____

School/Department affiliation & Year in program/Title:

Special needs, limitations, medical history - Be honest about your medical conditions, we can accommodate many situations if we know about them:

Medicine you are taking:

Allergies to medicines, food, or the environment?:

Please use the next page to describe your background, why you wish to take this class, and how you want to apply what you will learn from us. Information should include travel, expedition, rescue, hiking and other related experience. Your essay should include relevant information regarding personal and professional goals. Additionally, we are seeking information that will help assure us that this course is a suitable choice for you and the Institute. Please remember that your essay is your introduction to the Instructors at the Institute. Your essay should be a reflection of who you are.

Please feel free to call, write, e-mail, etc. with questions!!!!

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Staff Only:
Interviewed by: Telephone ____ E-mail ____ Personal ____
Date: _____
Approved: ____ Disapproved: ____
By _____

