Medical Spanish/Global Health Course
Managua, Nicaragua

Sponsored by
University of Nebraska Medical Center
La Clinica Chavalitos

Course Dates

**Phase I:** February 1 - 28, 2015; March 1 – 28, 2015; April 5 – May 2, 2015; May 31 – June 27, 2015;
July 5 – August 1, 2015; September 27 – October 24, 2015; October 25 – November 21, 2015

**Phase II:** February 1 - 28, 2015; March 1 – 28, 2015; April 5 – May 2, 2015; September 27 – October 24, 2015; October 25 – November 21, 2015

**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 Managua, Nicaragua. Participants 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 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 Managua. 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 Managua at a Spanish school, followed by three weeks of clinical experience at local medical facilities. Lectures and field trips will supplement the clinical experience.

**Program Coordinators:** Angelina Delgado, MD, MPH; and Sara E. Pirtle, MBA. 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 and professionals in the medical/health sciences.

**Targeted number of participants per course:** four to eight participants in Phase I; two to four participants in Phase II.

**Housing:** Homestay with a Nicaraguan family.

**Costs:** $2,550 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
Medical Spanish/Global Health Course
Application
Managua, Nicaragua
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I am applying for:

**Phase I:** ☐February 1 - 28, 2015; ☐March 1 – 28, 2015; ☐April 5 – May 2, 2015; ☐May 31 – June 27, 2015; ☐July 5 – August 1, 2015; ☐September 27 – October 24, 2015; ☐October 25 – November 21, 2015

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*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:** ___________________________  **Address:** ____________________________

**Name:** ___________________________  **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 $250 (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
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