

CHAMBERLAIN UNIVERSITY
GLOBAL HEALTH EDUCATION PROGRAM
ALUMNI APPLICATION

Please submit your completed application via email to:
globalhealthprogram@chamberlain.edu



Alumni will need to meet the following requirements to be eligible to participate in the Global Health Education Program

- Graduated from Chamberlain University
- Supply current resume and have a valid RN license
- Complete and submit this questionnaire

All information will remain confidential.

Full Legal Name (as it appears on passport): _____
First MI Last Male Female

Address: _____

Date of birth: _____ U.S. Passport: Yes No Other: _____

Passport expiration date: _____

Phone: _____
Home Cell Work

Primary email: _____ Alternate email: _____

Program completed (circle one): ADN BSN RN-BSN MSN DNP Location: _____ Date of Graduation: _____

T-shirt size (please insert your size): Generic sizes S-XXXLarge _____

Emergency Contact Information

1. Name: _____ Relationship: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Phone: _____ Email: _____

Identify any health conditions that would interfere with your ability to take part in the program that requires moderate physical activity and stress management skills.*

List all known drug and food allergies/reactions:

Dietary restrictions:

* A statement from your physician stating that you are capable of participating on this trip may be required.

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First Name: _____ Last Name: _____ Date: _____

Please complete the following questions.

1. There are several international opportunities in this program. Please indicate your preferred countries:

First choice/date: _____

Second choice/date: _____

Third choice/date: _____

2. Provide a brief summary of your RN work history.

Current Employer: _____ Title: _____

3. What do you consider your areas of expertise?

4. Do you speak any other languages besides English? Please specify which language(s) and level of proficiency for each.

5. You may need to walk 4-6 miles daily in challenging weather conditions depending on the international location. Describe any limitations or concerns you may have with these considerations.

The following are examples of situations that may occur during a Global Health Education Program experience. Please read each scenario and describe how you would respond to the situation.

1. During a service project in the Amazon, a local from a small village approaches you and offers a grub for you to eat. How would you handle this situation?

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2. Global Health Education Program experience participants are often invited to different religious services while in another country. Describe your thoughts about differing beliefs with religion and healthcare.

3. While on a service project in Africa, you meet a witch doctor "healer" who shares herbs and describes how she uses them for treatment. How would you handle this situation?

4. Drivers for the trip were scheduled to pick participants up at 7:00 AM for home visits or a clinic, however they did not arrive until 9:00 AM for the pick up. Describe how you would respond to this situation.

5. On a home visit, a patient has redness on her heels indicative of decubiti. She is bed ridden. How do you treat her or prevent skin breakdown?

6. You have been working with a translator for two hours and suddenly she leaves for a family emergency. What do you do next? Describe how you would communicate without a translator.

7. You arrive at a village late in the evening after a long day without eating. The village women prepared a meal, but ran out of food. How do you respond to this situation?

8. Your team is giving tetanus shots to a group of prisoners in Brazil. One of your peers is stuck with a contaminated needle. What would you do?

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Please review and answer the following questions.

1. Home visits and clinics may not be located in a highly secure location. What preparatory measures will you take to ensure your safety?

2. You will be rooming with other peers for at least two weeks; eating breakfast, lunch, dinner and working for 8-10 hours straight with the same people with little to no personal time. How would you manage this?

3. Have you ever been on an international medical trip? If yes, please describe.

4. List any community service activities you have participated in within the past three years.

5. In a short paragraph describe why you would like to be part of this experience. List some of your personal and/or professional goals that you would like to achieve from this program.

Essay

Please submit a 2-3 page essay discussing your strengths and weaknesses and how you would be a contributing member of the team. Discuss what you will bring to this experience and how that is relevant to this program. Additionally, please discuss why you are interested in participating in this program.

After review of your application, a face-to-face or phone interview will be scheduled. Once accepted into the program, a copy of your RN license and resume are required.

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Immunizations are required for any international program. RNs are encouraged to access **The Center of Disease Control and Prevention** web site at cdc.gov/travel.

Resources for obtaining your vaccinations:

1. Travel clinic at local health departments
2. Travel clinic at local hospital
3. Family doctors or nurse practitioners

Immunizations may have costs associated with the vaccinations. Please note, the cost of immunization is not included in the price of the trip and must be covered by the participant.

Traveling to developing countries can be challenging and presents certain risks that should never be taken lightly. It is strongly recommended that each team member should consult the **U.S. Department of State** web site (state.gov/travel) and carefully review international travel recommendations, travel alerts and travel warnings. This information will help you make an informed decision about participating in the program.

Simply go to the site and click on travel and enter the country we will be visiting. This will help you to make an informed decision about this particular experience.

I have completed the application and read the **United States Department of State International Travel recommendations**.

Applicant Signature: _____ Date: _____

If you are a Chamberlain alumni currently listed in either the Master of Science in Nursing (MSN) degree program or the Doctor of Nursing Practice (DNP) degree program at Chamberlain College of Nursing, a signature of approval is required from your program's dean in order to participate.

Program Dean Name & Title (printed): _____ Date: _____

Program Dean Signature: _____ Date: _____

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Faculty/Peer Recommendation Form (2 required)

One of the nurses at your clinical site is interested in participating in an upcoming Chamberlain College of Nursing Global Healthcare Education Program experiences. Please complete this form and email as an attachment to globalhealthprogram@chamberlain.edu.

Name of Registered Nurse Applying: _____
First Name Last Name

Person Completing Recommendation: _____
First Name Last Name

Name of Organization: _____ Title: _____

How long have you known this RN?: _____

In what capacity do you know this RN?: _____

Please respond to each of the following statements using the following code:

1 - Unsatisfactory 2 - Satisfactory 3 - Very Good 4 - Excellent NA - Not Applicable

Criteria	1	2	3	4	NA	Comments
Work Performance						
Professionalism						
Interpersonal Skills						
Adaptability						
Leadership Skills						
Teamwork						

Briefly describe your rationale for recommending this RN.

Healthcare Administrator Signature: _____ Date: _____