CHAMBERLAIN UNIVERSITY
GLOBAL HEALTH EDUCATION PROGRAM
FACULTY APPLICATION

Please submit your completed application via email to:

globalhealthprogram@chamberlain.edu

GLOBAL HEALTH
EDUCATION PROGRAM
CHAMBERLAIN UNIVERSITY

Faculty must meet the following requirements to apply:

• Permission from Campus President

• Employed with Chamberlain for a minimum of one year

• Complete and submit this questionnaire

All information will remain confidential.

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

Address: _____

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

Passport expiration date: _____

Phone: _____   _____   _____
Home   Cell   Work

Work email: _____   Campus location: _____

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. Please be specific on the amount of time you spent as an RN.

_____

_____

3. What do you consider your areas of expertise?

_____

_____

4. How long have you been an educator and in what role(s)?

_____

_____

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

_____

_____

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

_____

_____

First Name: _____ Last Name: _____ Date: _____

The following are examples of situations that may occur during a Global Health Education Program. 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?

_____

_____

2. We are frequently invited to various religious services while in another country. How do you feel about differing beliefs not just with religion but with 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?

_____

_____

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7. How would you function if you had to communicate without a translator?

8. You arrive at a village late in the evening after a long day without eating. The village was suppose to prepare a meal for you, but ran out of food. What do you do?

9. Describe a situation where you functioned as part of a team.

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

11. You will be responsible for the lives of several students. What preparatory measures will you take to ensure their safety?

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

13. Faculty bring emergency medical supplies for the team. What would you pack in that emergency medical supplies kit?

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First Name: _____ Last Name: _____ Date: _____

Please review and answer the following questions.

1. Your responsibility in this program will require you to be available to the students, translators and host community 24 hours a day, 7 days a week, with little to no personal time. How would you manage this responsibility?

_____

_____

2. Have you ever traveled outside of the U.S.? If yes, please explain.

_____

_____

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

_____

_____

_____

_____

After review of your application, a face-to-face or phone interview will be scheduled.

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First Name: _____ Last Name: _____ Date: _____

Immunizations are required for any international program. Faculty are encouraged to access The **Center of Disease Control and Prevention** web site for traveler's health regarding immunizations for each trip. The site may be accessed by going to: **cdc.gov/travel**.

Resources for obtaining your vaccinations:

1. Local health departments often have a travel clinic

2. Some larger hospitals may run a travel clinic

3. Family doctors may provide some of these vaccinations

Immunizations may cost a great deal of money. Please note that the cost of immunizations is not included in the price of the trip. Please discuss any reimbursements with your campus president.

Going 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 issued by the state department regarding any country that we will visit.

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: _____

Thank you for your interest in participating in the Global Health Education Program. Please discuss your interest with your campus president and obtain permission regarding your participation in this transformative experience. Once approved, have your campus president sign below, indicating consent.

I, _____, fully support _____
participating in the international program during the following session(s):

_____

Campus President Signature: _____

Campus Location: _____ Date: _____

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First Name: _____ Last Name: _____ Date: _____

Faculty/Peer Recommendation Form (2 required)

For faculty completing recommendation form, completed applications must be submitted to Dr. Sheri Sawchuk at **ssawchuk@chamberlain.edu**

Faculty Member Applying: _____

Faculty Completing Recommendation: _____

How long have you known this person?: _____

In what capacity do you know this person?: _____

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						
Professional Behavior						
Interpersonal Skills						
Demonstration of flexibility						
Leadership Skills						
Demonstration of teamwork						

Briefly describe your rationales for recommending this faculty to participate in this international and multicultural nursing program.

_____

_____

_____

_____