

Name: _____ **Email:** _____

Supplement for Health Care Personnel

If you are planning to use your health care skills in mission service, please fill out this form. Enclose copies of your professional school diploma(s), current state license(s) and any Board Certificates.

1. Specialty: _____

2. Board/Certification: _____

3. Professional Associations you are a member of: _____

4. State(s) in which you are licensed or registered: _____

5. Check types of service you can provide:

- direct teaching guest lecturer general practice surgery
 other (please specify) _____

6. Academic Background (or attach a curriculum vitae)

7. Internships/Residencies: _____

8. Additional Training: _____

9. Teaching Experience: _____

Signature _____ Date _____