



219 Kent Road. Suite #20  
P.O. Box 129 New Milford, CT 06776  
Telephone: 860-355-1828  
Internet: [Hwww.htcne.org](http://www.htcne.org)  
Fax: 860-350-6634

Dear Medical Teams Abroad Applicant 2010:

Welcome to Healing the Children Northeast Medical Teams Abroad Program. The team leader for this trip has invited you to participate as a member of his/her team. We are a membership organization. Each traveler will be expected to become a member. Your cost of membership, due at time of signing on, is **\$245.00 per calendar year**. This fee will include your mandatory evacuation Insurance policy issued by our staff upon departure, also good for one year. Please read and follow the instructions below:

Our office has established a web page for your specific trip. A created username and password will be supplied to you. The web site will be updated by office staff as paperwork is received. You should refer to the web page often, refresh the page to make sure you are viewing up to date information, check the status of your paperwork, general team information, travel plans, site information, etc. All necessary forms can be downloaded from the web page.

HTC-Northeast requires that you download and print out the forms for this mission as well as electronically submit the on-line registration, a two-step process. The on-line registration asks for information which you will need in order to complete the form: current medical licensure information, passport information, references. Your credentials and forms are needed to be approved for a position on this team by our Medical Advisory Committee. Forms should be e-mailed or faxed to our office. We also ask for a photocopy of your Passport which should be sent by regular mail or scanned and e/m'd (as they do not photocopy well.)

Each team has an Administrator who will be traveling with you. This person has been trained and given the necessary tools to make your mission a success. Your Team Leader and Administrator are the ones to contact with questions regarding travel arrangements, supplies required, and site specifics for your Team.

If you have traveled with HTC-Northeast before, you may not need to supply all documentation again. It is best to check the teams web page - participant chart to determine what paperwork is outstanding or needs updating. Please respond promptly to secure your place on the team.

It is **mandatory** that the following items be provided by every participant:

- CV / Resume (updated copy every two years)

- Medical License copy (current up to date copy)
- Diploma
- Delineation of Privileges (for Physicians/Surgeons, CRNA's)
- Copy of your passport showing Legal name and issuing information (scan & e/mail or snail mail) **DO NOT FAX this**. Make sure your passport is current! Your passport must be valid for at least 6 months from the date of travel or it is not considered valid for travel in most international countries!
- Credit Card Authorization form detailing expenses approved for charging
- Release from Liability form (required for each trip)
- Medical History form (required for each trip)

\*\*\* Up to date CV; Medical License & Diploma are needed to apply for your work permit in the host country.

Your Team Leader and Administrator will handle all aspects of your travel arrangements in coordination with the HTC-Northeast office. Please let them know if you have any questions, or require any special accommodations, meals or if you cannot travel on the selected dates. They will work together with the travel agent to arrange your airfare.

Tickets will be issued to you shortly before the trip. If, for any reason, you cannot travel or cancel plans to travel with this group after tickets have been contracted, you will be responsible for a \$100.00 penalty fee paid to HTC-Northeast.

You must have a current passport on file with our office. As mentioned above, most countries require that passport expiration dates be current for at least 6 months past the date of your return. If you are NOT a citizen of the U.S. you may require a different Visa to travel. We suggest that you check with the consulate office of the country you are traveling to for this information (most have good Web Sites as well). Contact our office so we can process a letter on your behalf and provide your travel itinerary to obtain this Travel Visa.

Complete the credit card authorization form. Please be specific and fill out what you would like your credit card to be charged, showing amount (if known) or an **X** in designated area on the form. Please include the name and full address of card holder including Zip Code. Please be sure to **sign and date** the form. A 3% merchant services fee will be added to your total amount. Of course to avoid this fee you may pay by check with the submission of your paperwork.

In some cases there may be a fee for Travel Visa Applications which you would be responsible for. There is a space on the credit card authorization form and the trip website should reflect this as well.

Included in the Membership Fee - Each member will be issued the Evacuation Insurance Policy :

- Medex Travelers Assistance Insurance through Chubbs (in the event of a travel related emergency, Medex provides services such as: evacuation; repatriation; locating nearest medical care; will help to contact family, physician, employer; will help replace lost/stolen travel documents)

including passports; location of knowledgeable legal referral assistance; Emergency funds transfer; translation services; plus other services). The Team Administrator will hand carry and distribute your Insurance Membership Letter.

- One year medical trips release from liability protection under the Volunteer Protection Act of 1997.
- Permit to work in the Country and Site you are traveling to.
- Newsletters, and invitations to all HTC-Northeast/MTAP functions.

It is up to the individual traveler to contact their own personal Medical Insurance Provider to be sure of the coverage for medical care/expenses outside the United States.

We suggest that each team member contact the Team Leader to find out what supplies and equipment you will need to bring with you. Each team member may be required to solicit supplies for their trip. If you are traveling with equipment of your own that you will need to bring back to the U.S., we strongly suggest that you register the equipment with the Customs office at the airport before you leave. You can find the necessary Customs form on the webpage for the Department of Treasury / United States Customs and Border Protection forms – CBP form 4455 – Certificate of Registration.

<https://forms.customs.gov/customsrf/showPDF.asp>

We encourage all Team participants to fundraise for your team. As well as helping with your expenses, it raises awareness of the organizations work. We would be happy to talk with you about this. Also, media coverage of your trip is encouraged, BUT must be approved by your Team Leader ahead of time. You should also advise the HTC-Northeast office.

You will be responsible for the following:

- Personal phone calls
- Safety of personal belongings
- Immunizations - We suggest you consult the Team Leader OR contact the CDC Traveler's Information website.

We welcome you on this trip and hope you will enjoy your experience.

Missy Law  
Office Manager-Program Director MTAP  
860-355-1828 x 24

Georgann McCarroll  
Assistant MTAP Program  
860-355-1828 x 23

Revised 1/2/2010 ML



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## Release From Liability For Healing the Children – Northeast, Inc.

I, \_\_\_\_\_ of \_\_\_\_\_  
Your Name Street Address

\_\_\_\_\_  
City State Zip

Do hereby release Healing the Children Northeast, Inc., its agents, representatives, staff, and members from all responsibility involving my health, safety or personal belongings for the planned medical mission scheduled to

\_\_\_\_\_ starting on \_\_\_\_\_ through \_\_\_\_\_ 200\_\_\_.  
Trip Site Date

I hereby take full responsibility for obtaining all my immunizations at my own expense. I will also take full responsibility for my own transportation to and from the point of departure at \_\_\_\_\_ Airport.

By signing this document, I am releasing Healing the Children Northeast, Inc., and it's authorized agents, representatives, staff and members from any and all responsibility and liability for the above.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_



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## Member Medical History Form

Date: \_\_\_\_\_

Name \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e/mail: \_\_\_\_\_

### Emergency Contact Information

Contact Name: \_\_\_\_\_ Contact Home Phone \_\_\_\_\_

Contact Business Phone \_\_\_\_\_ Contact Cell Phone \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Significant Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

### Medications:

Drug	Dose	Frequency

Physician Name: \_\_\_\_\_ Phone \_\_\_\_\_

This form will be carried by the Team Administrator during the trip.



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## Credit Card Authorization Form

Please fill out all information exactly as it appears on the card – thank you.

Name of Cardholder: \_\_\_\_\_

Billing address of Cardholder: \_\_\_\_\_

Street Address – no P O Box please

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

If you are NOT the cardholder – please print your name: \_\_\_\_\_

Phone number best to reach you: \_\_\_\_\_

Card Type:  MasterCard /  Visa /  American Express

Card Number \_\_\_\_\_ Security Code on card \_\_\_\_\_

Expiration Date \_\_\_\_\_

Please list what you are authorizing HTCNE to charge:

**Please note: An automatic 3% merchant service fee is added when paying by credit card. To avoid this fee you may pay by check.**

Travelers Membership Cost: \$245.00 \_\_\_\_\_ Travel Visa Amount - \_\_\_\_\_

Airfare Amount - \* \_\_\_\_\_ Donation Amount - \_\_\_\_\_

\* If we have not confirmed cost of airline ticket – please put an **X** on line item.

In-Country Expenses - \_\_\_\_\_

I hereby authorize Healing the Children Northeast, Inc. (HTCNE) to charge my credit card(s) as specified above. I further authorize HTCNE to sign a record of the charge if I am not personally available to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Discover Cards are not accepted.

Revised 05/28/09 ML



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### **Medical Missions Statement of Behavior While In Host Country**

This statement is intended as a guide to our teams. We have no interest in dictating the behavior of our valuable volunteers. However, the adventure of a new and foreign place, the hard work you will do, and the need to unwind can sometimes cause us to forget our responsibilities. Each of you represents Healing the Children, the United States, or your own country of origin and you should do so with pride. The hard work and reputation of others precedes you and because of this you will be held in high regard. Help us to build on that reputation. You are a guest in this country. Your hosts will be grateful for your presence and will work hard for your safety and well-being. Please respect their efforts by not abusing alcohol, behaving inappropriately or putting yourself or your team in danger. Do not wander off alone or take unnecessary risks. Keep reasonable hours and plan to arrive at the hospital on time. Remember that nursing and hospital staff, many of whom, may be volunteers, will be waiting for you. Please dress appropriately and do not wear your scrubs outside of the hospital. Those who do not respect these guidelines may not be reprimanded at the time but will probably not be asked to return. We are grateful for the gift of your time on behalf of the world's needy children and wish you a successful trip.

The Board of Directors  
Healing the Children Northeast, Inc.