

APPLICATION FOR HACKETT HEMWALL FOUNDATION Sclerotherapy TRIP 2010
HONDURAS March 20-27, 2010

The Hackett Hemwall Foundation is a non-profit foundation dedicated to providing medical care and assistance to people in medically under-served areas. We are fortunate to have many skilled and caring people volunteer to join our projects. Unfortunately, we are sometimes unable to accommodate everyone who would like to participate. We appreciate your providing information which will help us in our selection process and in planning our work each year.

Points to keep in mind as you volunteer for our projects: The volunteer is responsible for cost of travel to and from San Pedro Sula, Honduras and for the fee set by the HHF. The fee covers room & board in Honduras, transportation with the group in Honduras, education/training, and medical supplies used in Honduras. The HHF will provide transportation in Honduras according to the group schedule. There are dangers and risks associated with being a volunteer in a foreign country that are the volunteer's responsibility. The volunteer is responsible for providing their own health insurance coverage while on the trip, including medical evacuation insurance. If you have questions on these points or other questions, contact Mary Doherty - mdoherty@wisc.edu or 608-712-5518.

Please complete the following Application Form. Information will be used to help with our planning for upcoming trips. Please legibly PRINT all information!

PHYSICIANS (DOs & MDs)

Name: _____ DOB _____

Address: _____

City/State/Country _____

Phone numbers: Home _____ Cell _____ Work _____

Email address: _____

Contact person at your office - Name _____ Phone _____

Emergency Contact - Name _____ Relationship _____

Phone numbers _____ email _____

Medical conditions you have that may affect travel/work in an underdeveloped country:

Medical school _____ Copy of diploma required for Honduras.

Current Medical License - issued where? _____ Copy of license required.

Specialty/Type of practice: _____

Are you Board Certified in Phlebology?

Any other specialty certification?

Phlebology experience:

Skill level in FOAM SCLEROTHERAPY: ___Novice ___Intermediate ___Expert

Previous sclerotherapy training you have attended/year?

How did you learn of the HHF trip? Do you know any past participants? _____

Do you have a portable duplex ultrasound with color Doppler capability that you can bring on this trip?

Are you requesting a particular roommate or paired clinic assignment for this trip? (name, please)

*Copy of medical school diploma is required by the Honduran Medical Society the first time you participate in this trip.
Copy of your medical license is required EVERY year that you participate! (current in March 2010)

Return the completed form and copies of required documents* to:

Mary Doherty

2532 Balden Street

Madison, WI 53713

Fax: 608-256-1893

Email: mdoherty@wisc.edu

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ALL NON-PHYSICIAN PARTICIPANTS

Name: _____ DOB _____

Address: _____

City/State/Country _____

Phone numbers: Home _____ Cell _____ Work _____

Email address: _____

Emergency Contact - Name _____ Relationship _____

Phone numbers _____ email _____

Medical conditions you have that may affect travel/work in an underdeveloped country:

Previous experience working in underdeveloped countries:

Other experiences that you've had that will contribute to your work with the HHF:

Current or past education/work experience that is pertinent to the HHF medical trips:

How did you learn of the HHF trip? Do you know any past participants?

Are you requesting a particular roommate or paired clinic assignment for this trip?
(name, please)

*RNs/LPNs: A copy of your license is required - please attach.

Return the completed form and copies of required documents* to:
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