



## **Go Doc Go: Volunteer Application**

What we are looking for:

### **Relevant Professional Experience:**

We are looking for physicians, nurse practitioners, and certified nurse midwives who are committed to our mission and who have experience working in women's health. Our current projects require experience with visual inspection of the cervix and with performing cryotherapy. Experience with performing LEEP procedure may also be necessary.

### **Relevant Travel Abroad:**

Since Go Doc Go works mostly in developing countries, experience volunteering, working and/or traveling abroad is beneficial. In particular, experience traveling within lower-income countries is preferred.

### **Ability to Work with a Diverse Group of Professionals:**

While working with Go Doc Go, you can expect to work with individuals whose language and customs are different from your own. These differences can be exciting and educational, but may also be challenging. Volunteers' ability and willingness to work with this diversity is crucial.

### **Commitment to Our Mission:**

Go Doc Go, Inc. is a non-governmental, international medical organization that sends volunteer health professionals around the world to establish sustainable women's health programs.

### **Demographics:**

Full name, title, phone number, and email address

Emergency contact; relationship of the contact, address and phone #

Language/s spoken

Physical limitations

Current Employer



### **Attestation Questions**

**Please circle yes or no to all questions below. If you answer “yes” to any of the questions below, please attach explanation.**

Have you even incurred serious ethical or professional disciplinary action? YES/NO

Have any charges or complaints of any kind, including criminal charges and malpractice claims, ever been filed against you? (Include any that are currently pending against you.) YES/NO

Have you ever been professionally penalized or convicted of fraud? YES/NO

Have you ever had a medical or professional license denied or revoked? YES/NO

Have you ever violated the Medical Practice Act of another jurisdiction? YES/NO

Have you ever been disciplined or had formal written action taken by a hospital staff or medical society, or licensing board of another jurisdiction? YES/NO

Has a hospital, related health care facility, HMO, or alternative health care system ever: denied your application for privileges or failed to renew your privileges, or limited, restricted, suspended, or revoked your privileges in any way (including during your training program)? YES/NO

Have you ever been the subject of an investigation by a licensing authority, medical association, hospital or other healthcare institution? YES/NO

Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any of the following:

- Administrative or judicial proceedings or investigation? YES/NO
- Inquiry or other proceeding? YES/NO
- Proposed termination by an educational institution, employer, governmental agency, professional organization, or licensing authority? YES/NO

Are such current conditions or impairments reduced or ameliorated because of ongoing treatment (with or without medication) or participation in a monitoring program or because of the field of practice, the setting, or the manner in which you have chosen to practice medicine? YES/NO

Do you have a mental or physical disability that limits your ability to practice medicine in a fully competent and professional manner with safety to patients? YES/NO

**Certification**

I certify that the information given by me on this application and supporting documents is complete and accurate, and that all statements, essay, and materials are entirely my own work.

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Signature

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Date