



COMMUNITY HEALTH PRACTICE INTERNSHIP
UNAN-MANAGUA
NICARAGUA- CENTRAL AMERICA



Application form

I. General Information

Title:

First Name:

Last Name:

Languages Spoken:

Gender:

Age:

Education Level:

UNAN-Managua Program of interest:

Reason of interest for participating in the program:

University Information

Current University:

City:

State/Province:

Zip code:

Country:

Passport Information

Passport Number:

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Issuing Country:

Issued Date:

Expiration Date:

Contact Information:

Phone Number:

Email:

Emergency Contacts

Please include the following: name, relationship, phone number, and email address.

Contact 1:

Contact 2:

II. Specific Personal Information

Past Medical History:

Current Medications (Over the Counter and Prescription Medications):

Allergies (Food and Medications):

Specific Dietary Requests (i.e. vegetarian, vegan, etc.):



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III. Student Agreement

All students applying for the Community Health Practice Internship at UNAN-MANAGUA must agree to specific guidelines prior to submitting an application. Please read and agree to the guidelines (below) and sign this agreement. By signing this document you acknowledge that you have read and agreed to all that has been described below.

1. I, _____, understand that I am responsible for my own behavior and the consequences of those behaviors. UNAN-Managua will not be held liable for any injuries or accidents that may incur during the entirety of the trip.
2. I understand that I am expected to act in a professional manner at the community health clinics and hospitals.
3. I am medically insured.
4. In case of an emergency, I allow the staff to take life-saving measures to ensure my health and safety.
5. I will travel with complete documentation (passport) as required under the laws of Nicaragua.
6. I am aware that trip cancellations for any personal reasons will not be refunded.
7. I agree to be under the supervision of the leader in charge and to adhere to all rules (i.e. no alcohol abuse, drugs, or involvement with other activities that could potentially put my life in harms way).
8. I will be held responsible for bringing all medications, including prescriptions and OTCs, that are required for my health.
9. I am aware that the \$900 paid to UNAN-Nicaragua does not include airfare or additional expenses such as souvenirs or snacks.

Signature

Date
