

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery Foundation, Inc.

Foreign GME Scholarship Grant

Service Experience in Developing World Health Care

Purpose

The AOCOO-HNS Foundation, Inc. desires its resident members to engage in humanitarian efforts. A humanitarian is one who charitably lays down his life for others in need (i.e. his professional skills, his time, his physical efforts, his spiritual commitment and his financial resources). The AOCOO-HNS Foundation as an organization, supports the AOCOO-HNS residents as individuals who serve mankind's needs throughout the world in their medical specialty. Our goal is achieved through domestic and international patient care, preventative medicine, and education. As an extension of this desire, Foreign GME Scholarship Grants given to provide an opportunity for residents in ophthalmology and otolaryngology to benevolently give a period of professional service to the people of a developing country.

Duration of Service

A minimum of one week at one site.

Hospital Location

The recipient of this grant is responsible for contact and agreement with officials of the institution and the country in which he or she desires to serve. The AOCOO-HNS Foundation will not assist in providing possibilities for institutions desiring such service. This grant is specifically for service in underserved areas outside the United States. (Rev. 5/29/01)

Financial Aid

Foreign GME Scholarship Grants of \$1,000 are available, and up to three grants per year per specialty may be awarded. Other funds for travel, living expenses, etc., must be raised by the recipient. The service must be completed within one calendar year after the grant is awarded. Grant recipients who are unable to make their planned trip within the one year period will be required to return the grant monies, but will be eligible to re-apply for future grants.

Source of Funds

The American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery Foundation, Inc. Foreign GME Scholarship Grant Fund.

Eligibility and Deadlines

An application may be received from residents of the AOCOO-HNS who will have completed at least one year of ophthalmology residency training (excluding surgical internship) or two years of otolaryngology residency training (excluding surgical internship) in an accredited program at the time of service. AOCOO-HNS members in post-residency fellowship training programs are also eligible. The applications will be accepted at any time. Selection is competitive. Allow a minimum of 30 days for notification, depending upon the dates of travel.

Method of Application

Please complete the application below.

**The American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck
Surgery Foundation, Inc. Foreign GME Scholarship Grant**

Application Form

Before completing this form, please ensure that you have read thoroughly through the AOCCO-HNS Foundation Foreign GME Scholarship Grant guidelines. Failure to comply with the stated guidelines or to complete the application may render your application invalid.

Date: _____

1. Last, First, Middle, Maiden Names:

2. Address:

3. Phone: _____

Email: _____

4. Birth Date: _____

5. College attended: _____

6. List extracurricular activities during college:

Honors received:

7. Medical School: _____ Year of graduation: _____

8. List extracurricular activities during medical school:

Honors received:

9. Name and address of your chairman of department of your training institution:

10. Residency: _____ Year of completion: _____

11. List special training, honors, research, publications, etc.:

12. Are you eligible to be certified by the AOBOO Specialty Board?

Yes
 No

Applicants who will not be board-eligible at the time of their service must attach a letter of sponsorship from a board certified ophthalmologist or otolaryngologist who agrees to supervise the applicant's clinical activities during the period of service.

13. If the applicant is now in a residency training program, then the following prerequisites must be met.

- a. The residency program must have a current approval status by the Council of Medical Education and AOA.
- b. The residents annual logs must be current.

14. Attach project proposal describing sponsoring organization, site of service, target population, and planned clinical activities.

Proposed Itinerary

It is suggested that applicants look for placement one year in advance. Kindly complete the remainder of the application and send it to the AOCOO-HNS Foundation, Inc., Attn: Grant Committee.

15. Destination or country of preference:

16. Do you have a contact there? Yes No

Name of individual:

Hospital Name:

Has approval been given? (Check appropriate answer)

- By this individual
- By head of mission
- By head of institution

17. Estimated arrival date:

18. Estimated departure date:

19. Have you had any previous experience abroad, medical or otherwise?

20. If yes, describe briefly giving dates, places and purpose:

21. Do you know any language other than English? If so, indicate below your ability (in terms of good, fair, or excellent) to read, write and speak the language.

Foreign Language _____

Read _____

Write _____

Speak _____

Foreign Language _____

Read _____

Write _____

Speak _____

22. Please make sure the Grant Committee receives a letter of reference from each of the following:

- a. Chairman of Department from which you received training
- b. A physician with whom you have worked
- c. A non-medical person, such as your pastor, personal friend, etc.

23. Please attach two (2) passport size photographs of yourself taken within the last six months. These may be used for placement purposes.

24. Do you have a valid passport? ____ Yes ____ No

Number of passport: _____

Expiration Date: _____

"I understand that if my application is accepted and I am given this grant, I will be responsible for my own actions and further agree to release and hold harmless the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery Foundation, Inc., their agents and employees from any damages, liabilities or expenses they incur by reason of my actions of whatever nature or kind in connection with this award. I agree to fully accept responsibility for all personal insurance I deem necessary during my tenure of service should I receive this grant. I have read the connotations of this grant and agree to abide by them."

Signed _____ Date _____

Address application and questions to:

Debra Bailey, Administrative Director
AOCOO-HNS Foundation, Inc.
4764 Fishburg Road, Suite F
Huber Heights, OH 45424-5456
phone 800-455-9404
fax 937-233-5673
e-mail aocoohns@aol.com