

Interplast Volunteer Team Trip Nurse Educator Application



Date _____

Interplast Nurse Educator Requirements

1. Three years of current clinical nursing experience, either as a nurse or clinical educator.
2. Current RN license and CPR certification.
3. Two years of nursing education experience including all of the following:
 - A. Teaching nursing/medical personnel, families, and patients.
 - B. Teaching in the clinical setting, i.e., the bedside and in the clinic.
 - C. Teaching theory in a classroom situation.
 - D. Teaching to both small (5-10) and large (30-100) numbers of participants in the classroom.
 - E. Teaching/lecturing on a variety of topics.
4. Ability to function in the clinical setting including all of the following:
 - A. In conjunction with the pediatrician, manage the pre-and post-operative patients in the ward setting.
 - B. Assess patients for post-operative complications and intervene when indicated.
 - C. Assist in the coordination of discharge planning and follow-up care.
5. Letter of recommendation from a current, immediate supervisor addressing applicant's teaching abilities.
6. Personal characteristics include:
 - A. Comfort with both adult and pediatric patients.
 - B. Flexibility, inventiveness, and ability to cooperate.
 - C. A positive attitude.
 - D. Perseverance in stressful situations and long hours of work.
 - E. Sensitivity to and an appreciation of cultural differences.
 - F. Appropriate public relations skills.
 - G. Ability to work as a team member.
7. Preference may be given to nurses with fluency in the native language of the trip site.

Please complete all pages of this form and send to the Interplast office with the following items:

- Letter explaining your interest in volunteering with Interplast, describing any experience you may have working or traveling in developing countries, and identifying any foreign language skills you have
- A copy of your current nursing license
- A copy of CPR certification (must have been obtained within the last year)
- A letter of reference from your current immediate supervisor

Please send to your completed application packet to:

Interplast
ATTN: Beverly Kent, Director, Volunteer Services
857 Maude Ave.
Mountain View, CA 94043

Your Specialty (please check one)

Operating Room R.N. Anesthesia Recovery Room Nurse Educator

Your Contact Information

Name _____ E-mail _____

Home Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Home Telephone _____

Office Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Office Telephone _____

Employment Information:

Please attach a copy of your current resume. List below your work experience within the last five years, specifying employer and dates (unless this information is completely outlined on your résumé). Please attach additional pages if necessary. _____

PACU Nurses Only: List below your PACU experience in the past two years, including types of patients and the percentage of pediatric patients.

Certification: PALS
 ACLS
 CPAN / CAPA
 Other _____

Have you ever presented in-services or other educational programs?

No
 Yes: Please list topics:

Have you done volunteer work for any other organizations? _____

Which language(s) are you fluent in? _____

How did you hear about Interplast? _____

Were you referred by anyone? Please provide his/her name: _____

Are you available on a last-minute basis? ___ No ___ Yes

Do you have any physical or mental disability that impairs or could impair your ability to carry out your professional obligations (please consider all types of physical or mental disability, including past or present substance abuse)? ___ No ___ Yes

1. Are you suffering from any communicable health condition that could pose any significant health and safety risk to patients? ___ No ___ Yes

2. In the past five years, including the present, have you had a history of chemical dependency or substance abuse that might adversely affect your ability to competently and safely perform the functions of a nurse? ___ No ___ Yes

If you answered yes to any of the above, please describe below all physical or mental disabilities that you have that impair or could impair your ability to carry out your professional obligations. _____

“I certify that the above information is accurate, true and complete to the best of my knowledge, and that this information may be used to determine my eligibility to volunteer for Interplast.”

Signature _____ Date _____