



Interplast Anesthesia Application

Date _____

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

- Three letters of reference, preferably from three people in your field who have worked with Interplast
- Letter explaining your interest in volunteering with Interplast, describing any experience you may have working or traveling in developing countries
- CV
- Copy of current license
- Copy of medical school diploma

Please send to your completed application packet to:

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

Name _____ E-mail _____

Home Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Home Telephone _____

Office Address _____

City _____ State _____ Country _____

Zip/Postal Code _____ Office Telephone _____

Because we have different kinds of trips, we have different anesthesia needs. Please answer the following questions about your anesthesia experience and practice:

Are you board-certified or board-eligible? _____

How many days per week do you work? _____

How many pediatric patients a week do you treat? _____

How many peripheral nerve blocks or extremity nerve blocks do you do in adults? _____
In children? _____

Have you done volunteer work for any other organizations? _____

Which language(s) are you fluent in? _____

How did you hear about Interplast? _____

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 trip anesthesiologist?
_____ 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 _____