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| **Liberty University School of Nursing International Clinical Trip Application** | | | | | | | |
| **PLEASE EMAIL YOUR COMPLETED APPLICATION TO:** [**internationalclinical@liberty.edu**](mailto:internationalclinical@liberty.edu) | | | | | | | |
| **APPLICANT PERSONAL INFORMATION** | | | | | | | |
| Full Legal Name | Last: |  | First: |  | | Middle: |  |
| Date of Birth: |  | | LUID#: |  | | Phone: |  |
| Current Address: |  | | | | | Alternate: |  |
| City: |  | | State: |  | | ZIP Code: |  |
| Marital Status: |  | | | | | Gender: | M  F |
| Name of Spouse: |  | | | | # of Dependents: | |  |
| Please click on the box next to the mission experience you are applying for: (**Choose only one.**) | | | | | | | |
|  | **RWANDA** / NURS 316 (Global Health Clinical/3 credit hours) | | | | | | |
|  | **RWANDA** / NURS 356 (OB Clinical/1 credit hours) | | | | | | |
|  | **RWANDA** / NURS 442 (Community Health Clinical/2 credit hours) | | | | | | |
|  | **KENYA** / NURS 316 (Global Health Clinical/3 credit hours) may also do NURS 357 | | | | | | |
|  | **KENYA** / NURS 357 (PEDS Clinical/1 credit hours) may also do NURS 316 | | | | | | |
|  | **NEPAL**/NURS 316 (Global Health Clinical/3 credits or only for CSER credit) | | | | | | |
|  | **JAMACA** / NURS 356 (OB Clinical/1 credit hours) | | | | | | |
| **Please be advised that acceptance will impact the credit hours applied to your load for the semester of the trip. (Nepal is during summer term.)**  **Students must be signed up in correct nursing course to attend corresponding mission trip.** | | | | | | | |

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| **ACADEMIC INFORMATION** | | | |
| Degree: |  | Credits Completed: |  |
| Student Email: |  | | |
| Campus (Check One): | Residential (Undergraduate)  Online (RN-BSN, MSN, DNP, DNP/FNP) | | |

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| **MEDICAL INFORMATION** | | | | | | | | | |
| Do you have medical insurance?  YES  NO | | | | Who is your Provider? | | |  | | |
| Policy Number: | |  | | | | | | Phone: |  |
| Group Number: | |  | | | | | | | |
| Doctor: | |  | | | | | | Phone: |  |
| Address: | |  | | | | | | | |
| Allergies: | |  | | | | | | | |
| YES  NO | | Are you currently under the care of a counselor or therapist or have you been under the care of such in the past year? | | | | | | | |
| If YES,  Please explain. | |  | | | | | | | |
| Medical History: | Please list all current medications including dosage and reason for taking medications. This includes over the counter medications, herbal products, birth control pills, etc.) Attach an additional sheet if more space is needed. | | | | | | | | |
| Medication | | | | | Dosage | | Reason for Taking | | |
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| **\*\*THE STUDENT IS RESPONSIBLE FOR ALL MEDICATIONS THAT MUST BE TAKEN DURING THE COURSE OF THIS**  **INTERNATIONAL TRIP. BE SURE TO BRING THE NECESSARY MEDICATIONS IN THEIR ORIGINAL CONTAINERS. \*\*** | | | | | | | | | |
| **\*\*Please answer each question honestly by checking Yes or No.** If you answer yes to any of the following, please explain in the space provided. This information will not necessarily disqualify you from going on a campaign.**\*\*** | | | | | | | | | |
| Heart disease/problems | | | YES  NO | | Specify |  | | | |
| Asthma | | | YES  NO | | Specify |  | | | |
| Other respiratory problems | | | YES  NO | | Specify |  | | | |
| Seizures | | | YES  NO | | Specify |  | | | |
| Eating disorders | | | YES  NO | | Specify |  | | | |
| Intentional bodily injury | | | YES  NO | | Specify |  | | | |
| Risk of immune deficiency | | | YES  NO | | Specify |  | | | |
| Pregnancy | | | YES  NO | | Specify |  | | | |
| Intestinal or stomach problems | | | YES  NO | | Specify |  | | | |
| Depression or other mental health issues | | | YES  NO | | Specify |  | | | |
|  | | | | | | | | | |
| Any other disease or disability not listed? | | | | | | | | | |
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| Is there anything that would prohibit you from fully performing what would be expected of your participation on a short-term trip? If yes, explain? | | | | | | | | | |
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| **BENEFICIARY – SUPPLEMENTAL INSURANCE WILL BE PROVIDED, PLEASE IDENTIFY THE FOLLOWING** | | | | | |
| Full Legal Name: |  | | | Phone: |  |
| Address: |  | | | Alt. Phone: |  |
| City: |  | State: |  | ZIP Code: |  |
| Relationship: |  | Email: |  | | |

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| **CHURCH INFORMATION** | | | | | |
| Name: |  | | | Phone: |  |
| Address: |  | | | Alt. Phone: |  |
| City: |  | State: |  | ZIP Code: |  |
| Website: |  | Pastor: |  | | |

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| **TRAVEL INFORMATION (APPLICATION CAN BE SUBMITTED WITHOUT A PASSPORT)** |
| Are you an American citizen?  YES  NO |
| Do you have a passport?  YES  NO |
| Passport Number: |
| Expiration Date: |
| If No passport, when will you apply? |
| Date and destination of your last international travel: |
| For more passport information: <http://travel.state.gov/passport/passport_1738.htm> |

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| **DEPARTURE TRAVEL** | |
| YES  NO | As a residential undergraduate student, I will depart with the LUSON team from Liberty University on the designated travel date. |
| YES  NO | I am a graduate student -  RN-BSN  MSN  DNP  FNP/DNP |

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| **PAYMENT INFORMATION**  An LU payment portal link will be provided to applicants once accepted. The cost of the trip and payment schedule will be explained at the first team meeting where you will be asked to sign the financial commitment. Do not fill out below at this time. | |
| **THERE ARE THREE DEADLINES AS FOLLOWS, PLEASE CHECK EACH TO CONFIRM YOU UNDERSTAND:** | |
| YES  NO | I will be prepared to pay a deposit of $200 once accepted by LU Send. |
| YES  NO | I will be prepared to pay the additional balance per the LU Send schedule that will be given to me. |
| YES  NO | I will be prepared to pay the full amount prior to departure per the LU Send schedule. |
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| YES  NO | I understand being accepted to the trip requires a commitment for full payment. |
| YES  NO | I understand failure to meet one of these deadlines will likely forfeit the opportunity to participate. |
| YES  NO | I understand that the cost for this trip is in addition to university and course fees. |
| YES  NO | I understand that all payments towards this global service learning experience are non-refundable once submitted. |
| YES  NO | I understand that tuition and course materials are not covered by the above amounts paid towards my trip, and that such payments for tuition and course materials are not tax deductible. |

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| **ESSAY INSTRUCTIONS** |
| **GIVE FULL, COMPLETE ANSWERS TO EACH OF THE FOLLOWING QUESTIONS BY TYPING IN THE SPACE BELOW. (THE BOX WILL EXPAND AS YOU TYPE.)** |
| 1. Share your encounter with Christ and your salvation experience. Describe your current prayer life and personal time in Bible Study. |
| 1. Describe a significant personal challenge you have faced, and explain how your faith helped you navigate this situation. |
| 1. What past experiences in your life might make this trip particularly challenging, and why? |
| 1. Why do you want to participate in this particular trip? Specifically, what are your personal expectations and goals? |
| 1. What are your gifts and how are you using them? |
| 1. Have you had short-term missions experience? Explain include agency, support, and ministry type. |
| 1. Are your parents/spouse/pastor supportive of this international endeavor? Explain. |

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| **SIGNATURES** |
| ***By typing your name and date into the line below you are verifying that you have accurately completed this application and understand its requirements. Your typed name will serve as your signature.*** |
| **Signature of applicant:** |
| **Date:** |