



Purpose

MAP International, since its inception in 1954, has grown into an international service organization supporting health programs in over 100 developing countries. MAP partners with organizations, missions, and individuals to Provide Essential Medicines, Prevent and Mitigate Disease, Disaster and Other Type Threats; and Promote Community Health Development.

As a part of that mission MAP has established the MAP Fellows program of grants-in-aid to competitive medical students and first year residents. The purpose is to encourage lifelong involvement in global health issues by providing selected medical students firsthand exposure in a Christian context to the health, social and cultural characteristics of a developing world community.

The site chosen for your externship must be submitted to MAP Fellows. A written confirmation of your acceptance and projected time at this site is required.

Scope

Students serve with well-qualified physicians associated with rural or urban mission hospitals, clinics or community health programs approved by MAP. They do not normally participate in projects centered primarily in medical schools, large teaching hospitals, research centers, government hospitals or projects, or refugee programs. Although clinical investigation may be included in any individual project, the overall emphasis is on a broad health care experience. *A minimum of 8 weeks* must be spent *on location* to fulfill the requirements of the fellowship for 4th year medical students and *6 weeks minimum* for residents and interns.

Eligibility

Students in the final year of a traditional four-year North America-based AAMC approved medical school program or its equivalent, at the time of their externship, are eligible. *Students should make application in their 3rd year.* Residents and interns who have not entered into the private practice of medicine are also eligible. Scholarships will be awarded one time only. Second applications from previous awardees will not be reviewed. Pregnant applicants are not eligible for awards. .

Selection

Applications should be received annually in our office by **March 1**. **All applications must be typed.** Handwritten applications will not be accepted. To be considered for selection, your most current postal and e-mail addresses is essential. Applicants must be interviewed by a representative of MAP Fellows. Fellowships will be awarded **May 1** each year. Travel will commence no earlier than **June 1**.

Awards

Awards will be announced immediately by mail and/or email. The amount of the grant, under ordinary circumstances, will be 100% of the *most economical* regularly scheduled airfare from the point of departure to the point of debarkation and return. The recipient assumes any related expenses, including probable room and board charges.

Certificate:

A certificate for the program will be presented upon completion of all requirements.

Method of Application

Application forms and instructions are available in the Dean's Office/ Student Affairs Office, at each medical school, and from MAP Fellows Program Coordinator, The Hurt Building, 50 Hurt Plaza, Suite 400, Atlanta, GA 30303, or from our web-site, www.map.org.

Requirements

Upon receiving a grant, a student must fulfill the responsibilities as approved by the MAP Fellows Selection Committee. If it becomes necessary to modify the approved plans, MAP Fellows must be consulted immediately to obtain approval. No fellowship will be granted retroactively. *Fellowships must be used within 12 months.* In the event a student is unable to complete an assignment as approved, the unexpended amount of the award must be refunded to MAP International as well as payment of penalties and non-refundable tickets.

Engaged Couples:

Arrangements for engaged couples for externships at the same location will not be approved. Recipients planning on marriage must allow a minimum of three months between the wedding and departure dates.

Married Couples:

Spouse travel is encouraged. However, unless the spouse is also a MAP Fellows recipient, all expenses, including travel, must be handled personally.

Children:

Children under six months of age are not allowed on the externship.

Travel Arrangements:

All travel arrangements must be made through the agent designated by MAP Fellows. Travel grants will be paid only to the approved travel agency upon receipt of an invoice from that agency made out to MAP International. *No travel will commence prior to June 1 following the selection of awardees.*

Travel Documents:

The student must take all required documents with him/her to clear customs or he/she will not be allowed to enter the host country. Any expense the student might incur, including additional airfare, as a result of failure to take appropriate documentation is the student's responsibility.

Assessment of Activities:

Awardees are required to submit a typewritten report to MAP International within 60 days after completing the Fellowship. The report can be submitted electronically and should contain a summary of activities and an assessment of the value of the experience to the student and to the overseas medical facility and personnel. It is desirable to include photos. Both the report and the photos become the property of MAP. A guideline for the report will be provided to all participants.



MAP INTERNATIONAL
MEDICAL FELLOWSHIP

APPLICATION FORM

Due Date: March 1

Date _____

Before completing this form, please ensure that you have thoroughly read the MAP-Fellows arrangements outlined on the front. Failure to comply with the stated arrangements/conditions or to complete and sign the application may render your application invalid. Application form must be typewritten. Handwritten applications will not be accepted.

Name _____

Address _____
Last First Middle Maiden Birth Date

Street City State/Zip

Telephone _____ Cell/pager _____ E-mail _____

Married _____ Single _____ Spouse's Name _____

Will your spouse be traveling with you? ___ Yes ___ No

Are you a single parent? Yes ___ No _____

*If engaged, please state fiancée's name _____

Proposed wedding date _____

Children, Ages, and Sex (Children under 6 months of age are not allowed on the externship). _____

Will your children be accompanying you? Yes ___ No _____ If not, how will they be cared for while you are away?

Will anyone else be traveling with you? If yes, please explain

Having discussed this with important members of your family, how do you anticipate this rotation will affect them?
AND/OR - is your family supportive? _____

Father's Name _____ ___ Living ___ Deceased

Occupation _____ Telephone _____

Father's address _____

Mother's Name _____ ___ Living ___ Deceased

Occupation _____ Telephone _____

Mother's Address _____

College Attended _____ Year of Graduation _____

List extracurricular activities during college _____

Medical school _____ Year of Graduation _____

Name of Dean _____

List extracurricular activities during medical school _____

Name and address of your place of worship _____

Pastor's Name _____ Telephone _____



MAP INTERNATIONAL
MEDICAL FELLOWSHIP

REQUIRED DOCUMENTS

Provide a detailed CV listing academics, extra-curricular activities and work experience undertaken since high school.

Letters of reference (due by April 10th) must be submitted from each of the following:

1. The dean of your medical school or his/her immediate representative
2. A physician with whom you have worked
3. A non-medical person (NOT A RELATIVE); a character reference from a pastor or someone who knows you through a faith-based organization or group. This is helpful to anticipate your adjustment to the Christian mission hospital setting

Please attach **two passport size photographs** of yourself taken within the last six months (for purpose of identification at foreign port of entry). If you are/will be married prior to your externship and expect your spouse to accompany you, please include **two photographs** of your spouse.

Do you have a valid passport? No Yes # _____ Exp. Date _____
Does your spouse have a valid passport? No Yes # _____ Exp. Date _____

Please contact the MAP Fellowships Coordinator *immediately* to determine if the Christian clinic, hospital or community health program you select is recognized by MAP Fellowships. The Coordinator may be able to assist with a hospital recommendation, if you have a specific area of service in mind.

Destination or country of preference _____
Do you have a contact there? Yes No Name of Individual _____

Hospital Name _____

Sponsoring Mission Board _____
Has approval been given? By this individual By head of mission By head of institution

Estimated arrival date at foreign site _____ Est. departure date from site _____
(Students - Minimum of 8 weeks must be spent at this hospital; residents and interns, minimum of 6 weeks)

Have you had any previous experience abroad, medical or otherwise? Yes No
If yes, describe briefly, giving dates, places and purposes _____

List below other language(s) you know and indicate your fluency level ("good," "fair," or "excellent")
What Language? Read Write Speak

Elective credit toward your medical degree? Yes No. Hours _____ Dept. _____

ACKNOWLEDGEMENTS AND WAIVERS

I, _____, along with all members of my family, being fully aware of and understanding the risks and potential dangers involved in international travel and foreign residence, in consideration of the benefits that I will derive from the MAP International Medical Fellowship, if accepted, declare the following:

1. I fully and personally accept all risks associated with participation in the MAP International Medical Fellowship, both known and unknown, and hereby voluntarily waive any and all claims I may have against MAP International, its subsidiaries, its Board of Directors and officers, individually and corporately, and its employees in connection with any activities during my period of participation in the MAP International Medical Fellowship.
2. I have read the conditions of this fellowship, agree to abide by them, and accept full responsibility for all personal insurance during my externship should I be awarded a fellowship.
3. I agree to authorize the release of my name, school and other pertinent information as appropriate to medical schools, the press and other entities that have interest in the MAP International Medical Fellowship program.

Signed _____ Date _____

STATEMENT:

Please give your reasons for entering the field of medicine and how this fellowship plays into your possible future plans. If you have had past experiences or personal ideas that would help us understand your application better, this is the place to write it out. The essay should be no longer than 1-2 pages. Thanks!