

COSTA RICA INTERNSHIP INSTITUTE (CRINI)
Apartado Postal 1171, C. P. 2050
San Pedro, San José, Costa Rica
Phone: (506) 2273 5286 Fax (506) 2273 5285
Email: info@costaricainternships.com

VIVA NICARAGUA!
Apartado 210
Granada, Nicaragua
(505) 2552 5890, (505) 8481 9369
Email : info@nicaraguainternships.org

COMPARATIVE HEALTH CARE PROGRAM COSTA RICA-NICARAGUA
- A joint program between CRINI and VIVA NICARAGUA -
APPLICATION FORM

APPLICATION INSTRUCTIONS:

-Please complete and submit your application at least 60 days prior to your anticipated internship start date.
Applications may be submitted on line www.costaricainternships.com however we do require that an additional signed application be submitted along with two letters of recommendation and your resume

-Mail application materials to:

Costa Rica Internship Institute (CRINI)
P.O.Box 1171 C.P. 2050
San Pedro, San Jose, Costa Rica

-Once we have reviewed your complete application, we will notify you of your acceptance to the program. This usually takes 10 days upon receipt of all application materials. If you are accepted to the program, we will send you an acceptance letter and program guide containing more detailed country, program and project information. At this time we will also send you an invoice for the program deposit. We cannot begin the formal placement process until we have received your \$300 non-refundable deposit as guarantee of your participation in the program.

COMPARATIVE HEALTH CARE PROGRAM COSTA RICA-NICARAGUA APPLICATION

Name: _____

Sex: Male _____ Female _____

Birthdate: _____ / _____ / _____ /

Passport Number and country: _____

Expiration date: _____

Permanent address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Home Phone: _____ Cell Phone: _____

Fax: _____

Email address: _____

Current College or University (if applicable): _____

Major: _____

Current Employer and Occupation (if applicable): _____

Internship Start Date: _____

End date: _____

Total number of weeks: _____

Person to contact in case of emergency (name, telephone and email): _____

Language:

- 1- How many years of formal Spanish language training have you had? _____
Where and when? _____
- 2- Have you ever studied/lived in a Spanish speaking country? _____
Where and when? _____
- 3- Other language spoken: _____
- 4- What is your current language level?
None ____ Beginner ____ Intermediate ____ Advanced ____ Fluent ____
- 5- How comfortable are you with your Spanish skills?
Not comfortable ____ Somewhat comfortable ____ Very comfortable ____
- Spanish is necessary for all health related internships**
Will you need to enroll in Spanish Language classes (at an additional cost)?
Start date: _____ **End date:** _____

INTERNSHIP PLACEMENT

- Please feel free to attach additional sheets if necessary.
Please state your reasons for wanting to participate in this program:

- What skills/past experience will you bring to your internship? _____

- What type of health care facility would you prefer to work (select no more than two)
- Clinic _____
- Medical teams that visit communities) _____
- Children's Nutrition Center _____
- School/facility for disabled people/youth/children _____
- Hospital (primarily available in Nicaragua) _____
- Women's health clinic _____
- Non-profit health care facility _____
- Retirement home: _____
- Other (please specify) _____
- Why are you interested in working at one of these institutions/organizations?

- Why do you feel you are qualified to work at one of these institutions /organizations (Remember: creativity, motivations and interest are qualifications)? _____

- Do you have any previous health care or medical experience (professional, academic or other internship)? _____
- In Costa Rica, would you prefer to work in an urban or rural area?

- In Nicaragua, would you prefer to work in Granada or in a rural setting? _____

Housing

Please state your housing preferences (for example a non-smoking household, a family with or without small children, pets, etc.)

Do you have any health problems that CRINI, Viva Nicaragua! or your host family should be aware of (dietary restrictions, special medications, physical limitations or other special needs)? If so please explain _____

TERMS AND CONDITIONS

Application and Payment Process:

After receiving your signed application, resume and letter of recommendation, we will begin the application review process. Upon careful review of your application, we will notify you if you have been accepted. This process usually takes one week to ten days.

Upon acceptance to the program you will receive an invoice for your \$300 non refundable deposit. We cannot begin the official placement process until we have received your deposit as guarantee of your participation in the program.

Complete payment is due upon arrival. We accept personal checks and wire tranfers. **Traveler checks, credit cards, and money orders are NOT accepted.**

There will be no refunds after the program has begun. In the event of a personal emergency, we will review the situation and may issue a partial refund.

INTERN RESPONSIBILITIES AND EXPECTATIONS

- Interns who do not display appropriate behavior, fail to comply with the rules of the host organization or that do not fulfil contracted work responsibilities will be dismissed without reimbursement of program fees
- Airfare to and from the United States is at the expense of the participant or his/her family.
- Participants agree to work the full amount of time which they have registered. No changes to program are permitted one the program begun.
- Time off for travel during the contracted internship is not permitted.

I have read and I agree to all above TERMS AND CONDITIONS

Signature: _____

Date: _____

WAIVER OF LIABILITY

All interns are required to be insured. Additional travel insurance can be purchased. It is recommended that interns purchase international traveler's insurance and/or an international student id card.

Costa Rica Internship Institute (CRINI) is not liable for any loss, illness or injury while you are in Costa Rica.

Viva Nicaragua is not liable for any loss, illness or injury while in Nicaragua.

I have read and agree with the general terms as stated in this waver of liability (sign below)

Date: _____ Signature: _____