

**Dear Visiting Medical Student:**

Attached is the application for The Carefree Foundation's Project African Vision elective in Ethiopia. Please print and submit a hard copy by US Mail to The Carefree Foundation at 5530 Wisconsin Avenue, Suite 914, Chevy Chase, MD 20815, Attn: PAV Student Elective Coordinator.

The District of Columbia has a hospital licensing regulation which requires that anyone who has patient contact provide proof of immunity to measles, mumps and rubella, as well as successful completion of Universal Precaution Training. You need to also submit documentation of personal health insurance. These documents in addition to your \$1900 payment must be in our office 12 weeks before the elective begins or we will be unable to accept you into the program.

We look forward to hearing from you,

Tatiana Lamia,

Vice President for Strategy and Implementation  
1-888-231-0261 X708  
Tatiana.Lamia@carefreefoundation.org

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The Carefree Foundation

5530 Wisconsin Avenue, Suite 914, Chevy Chase, MD 20815

**Application for Project African Vision Clerkship in Ethiopia**

**Section I.** To be completed by the applicant

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Medical School:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

**Section II.** To be completed by Dean's Office of the applicant's school: (Please affix school seal)

The above named student is registered in the MD/DO program. He/She is in good standing at the listed medical school and has permission to study with The Carefree Foundation Project African Vision in Ethiopia. The student is \_\_\_\_ is not \_\_\_\_ covered by malpractice and liability insurance. The student is \_\_\_\_ is not \_\_\_\_ covered by health insurance (enclose proof). His/her overall academic standing is: (check one) - Excellent \_\_\_\_ Good \_\_\_\_ Solid \_\_\_\_ Satisfactory \_\_\_\_.

Dean's Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Address where evaluation should be sent:

\_\_\_\_\_  
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