

Dear Bio Med Applicant:

Thank you for your interest in becoming an Operation Smile Bio Med Volunteer! As you know, Operation Smile relies on volunteers to give their time and expertise to help bring smiles to the faces of children at home and around the world.

In order to be eligible to volunteer as a Biomedical Technician with Operation Smile, applicants with O.R. Experience are required to have a minimum 1 year of experience, and volunteers not working in an O.R. must demonstrate a minimum of 3 years work experience.

Enclosed you will find a volunteer application. To help expedite the application process, please submit the completed application along with:

- **Current Curriculum Vitae/Resume**
- **Current copies of Certifications** (*C.B.E.T. Certification is recommended*)
- **Copies of diplomas and degrees (if available)**

Please do not send incomplete application packages. Upon receipt of your complete application packet, it will be forwarded to the Bio-Medical Council for review. The Council Chair may telephone you to clarify information and will determine the Credentialing status of the application. This process can take up to 8 weeks.

Operation Smile will inform you of the results of your application. Upon approval by the Bio-Medical Council, an applicant will be entered into the Operation Smile Medical Volunteer database, indicating eligibility to participate on medical missions. Mission selection guidelines state that all mission teams are to be comprised of at least 50 percent experienced Operation Smile team members and the remainder of the team of new volunteers.

We look forward to hearing from you soon. If you have any questions, please feel free to contact the Medical Volunteers Department at 1-888-OPSMILE (888-677-6453) or via e-mail at credentialing@operationsmile.org.

Best regards,

Medical Volunteers Department

BIOMEDICAL TECHNICIAN VOLUNTEER APPLICATION

Name: _____
(Last) (First) (Middle)

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Place of Work: _____

Work Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Preferred Mailing Address (check one): Home Address Work Address

Biomedical Technician **Medical Equipment Technician**

CURRENT EXPERIENCE: Please indicate which types of patients/programs you have had experience with in the last 3-5 years, and describe your current work.

Patient Monitoring equipment

O.R. experience

Please List Equipment you have worked with (Including number of years of experience with each item)

Please briefly describe the nature of your current work:

C.B.E.T Certified (If available): YES Date: _____ NO

6435 Tidewater Drive, Norfolk, VA 23509 (757) 321-7645 Phone (757) 321-7772 Fax

www.operationssmile.org

Have your medical privileges ever been suspended? YES NO

If YES, please explain: _____

Have you ever participated in any overseas medical/healthcare work? YES NO

If YES, please explain: _____

Languages spoken and sign language (please indicate level of fluency): _____

Are you available on short notice to join a mission team?

- Yes with 1 – 2 weeks notice
- Yes with 3 – 4 weeks notice
- No

Short notice availability does not affect the application process but allows Operation Smile to adjust to the changing circumstances of our mission countries and volunteers.

PASSPORT INFORMATION

Passport #: _____ Passport Type: _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____

Issuing Authority name and city: _____

Date Issued: _____ Expiration: _____

References

Please provide information for three individuals from within your specialty who can attest to your clinical ability, professionalism, and ability to work as a part of a team in high-stress situations. One of these references MUST be from an individual you work with inside the OR theater. Our Bio-Medical Specialty Council may contact these references during the application review.

Reference #1

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #2

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

Reference #3

Name: _____

Position: _____

Company/Hospital: _____

Telephone #: _____

Email: _____

For how long did you work closely with this reference? _____ years _____ months

In what capacity did you work with this reference? _____

Is this reference an Operation Smile volunteer? (circle) YES NO

APPLICATION PROCESS:

Please send this completed application along with:

- **Current Curriculum Vitae/Resume**
- **Current copies of Certifications** (*C.B.E.T. Certification is recommended*)
- **Copies of diplomas and degrees (if available)**

It is very important that you send all of the above information together with the completed application. If any of the above information is not in the application packet, the application is considered incomplete. You will be notified if your application is incomplete.

Completed application packets will be sent to their respective medical specialty council for review at which time you may be interviewed by telephone or asked to submit additional information. Operation Smile will inform you of the results of your application.

If an applicant is selected for a mission, all of his/her work will be done on a volunteer basis. Transportation and lodging are provided by Operation Smile, but each team member will be required to pay a sponsorship fee (\$500) to help defray part of the mission expenses. Mission selection guidelines state that all mission teams are to be comprised of at least 50 percent experienced Operation Smile team members and the remainder of the team of new volunteers.

Please send all completed forms to:

**Operation Smile
Medical Volunteer Management
6435 Tidewater Drive
Norfolk, VA 23509-1600
USA**

I have read the above and certify that the foregoing is true, correct and complete. I shall promptly inform Operation Smile if there is any change to the facts herein.

Signature: _____ **Date:** _____