



## TRAINING PROGRAM ADMISSIONS

### *Biomedical Repair Training Program*



MediSend International is a US 501(c)(3) nonprofit, humanitarian organization that supports under resourced healthcare systems in developing countries with a multi-dimensional approach to improving community health.

#### APPLICATION AND ADMISSION CRITERIA

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Admission decisions are based on a combination of factors, including: academic background, relevant work experience, exam scores, answers to the essay questions, phone interviews, proficiency in the English language, and commitment to improving community health. Program costs must be paid in full by the applicant or sponsoring party prior to acceptance.

#### TRAINING OPPORTUNITIES

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##### Biomedical Technologies: BMT

- Biomedical Repair Training Program (Basic and Intermediate)
- Advanced Training Program (*for graduates of the Biomedical Repair Training Program- Basic and Intermediate only*)

#### ENTRANCE REQUIREMENTS

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To be considered for enrollment in the Biomedical Repair Training Program (BMT Program), candidates must meet or exceed **ALL** of the following criteria:

- Speak, read and understand English fluently. An English exam (TOEFL) may be required.
  - Have graduated from secondary school /high school (12 years of schooling) and successfully completed the following courses: Math, Algebra, Physics and Biology
- AND one of the following:**
- Completed two years of university/college studies (14-16 years of schooling) in Electrical/Electronic Engineering, Biomedical Engineering Technology or similar technical curriculum
  - Completed two years of technical school (beyond high school) in electronics, engineering technology or biomedical technology
  - Worked as a biomedical technician for a minimum of two (2) years
- Score 70% or higher on the Biomedical Repair Training Entrance Exam covering electronics, physics, medical terminology, algebra and mathematics
  - Good working knowledge of Personal Computers (PCs)
  - Have no prior criminal record
  - Be 22 years of age or older

#### COMPLETED APPLICATIONS

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**An application is considered complete, when the following documents are submitted to the Admissions Office:**

- A completed Training Program Admissions Application
- Official Transcripts from all secondary schools attended
- Technical School or University Professor Recommendation
- Employer Recommendation and commitment for continued employment after training
- Photocopy of the information page of your passport

Incomplete applications will not be accepted.

**For more information, contact the admissions office by email at:**  
[admissions@medisend.org](mailto:admissions@medisend.org)

#### PROGRAM COSTS

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The fee for the 6-month training program in 2011 (Spring / Summer and Fall / Winter) is \$75,000.00

##### Included in the fee:

- Roundtrip Airfare
- Tuition and Fees
- Food / Housing
- Travel Health Insurance
- Sponsored Events
- Lab / Safety Equipment
- Lab Fees
- Lab Coats
- Use of Computer
- Use of Biomedical Kit

##### Not included:

- Personal care expenses
- Non-emergency medical / dental / vision care
- Personal items such as: clothing, cameras, etc.

*Note: Candidates will be chosen based on the number of available seats. Priority will be based on country of residency, sponsorship availability, and ability to obtain the required travel documents.*

#### FIND OUT MORE ABOUT MEDISEND

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For more information on MediSend visit  
<http://www.medisend.org>.





# TRAINING PROGRAM ADMISSIONS

## Biomedical Repair Training Program



### PERSONAL INFORMATION

Name \_\_\_\_\_  Male  Female  
As stated on passport Family Name First Name Middle Name

Marital Status:  Single  Married  Divorced  Separated National Identification Number \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Number of Children \_\_\_\_\_  
If married

Permanent Home Mailing Address \_\_\_\_\_  
Street Number and Name

City \_\_\_\_\_ Province (State) \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Permanent Telephone \_\_\_\_\_ Permanent Fax Number \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_  
If different from permanent address Street Number and Name

City \_\_\_\_\_ Province (State) \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Preferred Telephone \_\_\_\_\_ Preferred Fax Number \_\_\_\_\_

Please contact me at my  permanent  preferred mailing address. Residence Status:  Rent Home / Apt.  Own Home / Apt.

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month / Day / Year

Country of Citizenship \_\_\_\_\_ Country of Birth \_\_\_\_\_

Passport Number \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

Country Issuing Passport \_\_\_\_\_ Have you ever applied for a VISA?  Yes  No

Country traveled to that required a VISA \_\_\_\_\_ VISA Expiration date \_\_\_\_\_

Please specify which term you are applying for:  Spring / Summer (Jan – Jul)  Fall / Winter (Jul – Dec)

### IDENTIFICATION INFORMATION

Hair Color:  Brown  Black  Gray  Blonde  Red Eye Color:  Brown  Black  Blue  Hazel  Green

Weight \_\_\_\_\_(kg) Height \_\_\_\_\_(cm) Do you wear glasses?  Yes  No

### TRAVEL INFORMATION

Have you ever been out of your country?  Yes  No

If yes, please provide the following information:

_____	From _____ to _____	_____	_____
Country Traveled To	Dates of Travel (Month / Day / Year)	Purpose of Travel (Business, Vacation or Education/Training)	If sponsored, Name Sponsoring Company
_____	From _____ to _____	_____	_____
Country Traveled To	Dates of Travel (Month / Day / Year)	Purpose of Travel (Business, Vacation or Education/Training)	If sponsored, Name Sponsoring Company
_____	From _____ to _____	_____	_____
Country Traveled To	Dates of Travel (Month / Day / Year)	Purpose of Travel (Business, Vacation or Education/Training)	If sponsored, Name Sponsoring Company
_____	From _____ to _____	_____	_____
Country Traveled To	Dates of Travel (Month / Day / Year)	Purpose of Travel (Business, Vacation or Education/Training)	If sponsored, Name Sponsoring Company

**PERSONAL EDUCATION SUMMARY**

Please list all educational experience, starting with the first school you attended. Follow the instructions below to properly complete this form.

- Dates of Attendance** Write the month and year for every school year that you attended.
- Name of School** Write the name of your school.
- Contact Number** Write the appropriate phone number we can call to confirm your education.
- Location** Write the location of your school (city and country).
- Course of Study** List the main area of study / focus for your education.
- Certificate, Diploma or Degree** List the certificates, diplomas and degrees earned where appropriate.
- Year Earned** List the year you received these certificates, diplomas or degrees where appropriate.

Dates of Attendance (From Mo., Yr. to Mo., Yr)	Name of School	Type of Institution (Secondary School, University, Graduate University, Technical School, Business School)	Location (City / Country)	Course of Study / Area of Study	Certificate, Diploma, or Degree Received	Year Earned
From to						
From to						
From to						
From to						
From to						
From to						
From to						
From to						

**COURSE INFORMATION**

Please describe in detail the most recent courses taken (whether completed or in progress) that relate to your highest level of educational achievement. Please be specific and indicate how this course and the topics discussed in this course improve your candidacy for this program.

Course Name	Date Started (Month / Year)	Date Completed (Month / Year)	Description	How will the topics learned in this course improve your candidacy for this program?

**STANDARDIZED TEST INFORMATION**

Please complete the requested information for each standardized test you may have taking or are planning to take. Include the test results and attach copies of the summary reports (if available). If necessary, MediSend will contact the testing agency to verify scores. *If English is not your native language, and you have not lived or studied in an English-speaking country for at least one (1) year, you are required to take the TOEFL exam.*

**TOEFL**    Date \_\_\_\_\_    Listening \_\_\_\_\_    Speaking \_\_\_\_\_    Reading \_\_\_\_\_    Writing \_\_\_\_\_    Total \_\_\_\_\_  
**SAT**      Date \_\_\_\_\_    Reading \_\_\_\_\_    Math \_\_\_\_\_    Writing \_\_\_\_\_    Essay \_\_\_\_\_    Total \_\_\_\_\_  
**ACT**      Date \_\_\_\_\_    Reading \_\_\_\_\_    Math \_\_\_\_\_    Writing \_\_\_\_\_    Essay \_\_\_\_\_    Total \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Current Employment**

Position Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Immediate Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Employer Telephone No.: \_\_\_\_\_ Supervisor's Telephone No.: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Supervisor's E-mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Status: Full-Time  (40+ hrs / week) Part-Time  (<40 hrs / week) Summer  Temporary / Project   
Position Type: Technical  Teaching  Factory  Non-managerial  Managerial  Executive   
Starting Date: \_\_\_\_\_ Current Annual Salary: \_\_\_\_\_ in \_\_\_\_\_ (monetary unit of your country)  
Ending Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Summary of Job Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

Position Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Immediate Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Employer Telephone No.: \_\_\_\_\_ Supervisor's Telephone No.: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Supervisor's E-mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Status: Full-Time  (40+ hrs / week) Part-Time  (<40 hrs / week) Summer  Temporary / Project   
Position Type: Technical  Teaching  Factory  Non-managerial  Managerial  Executive   
Starting Date: \_\_\_\_\_ Current Annual Salary: \_\_\_\_\_ in \_\_\_\_\_ (monetary unit of your country)  
Ending Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Summary of Job Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Position Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
Immediate Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_  
Employer Telephone No.: \_\_\_\_\_ Supervisor's Telephone No.: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Supervisor's E-mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Status: Full-Time  (40+ hrs / week) Part-Time  (<40 hrs / week) Summer  Temporary / Project   
Position Type: Technical  Teaching  Factory  Non-managerial  Managerial  Executive   
Starting Date: \_\_\_\_\_ Current Annual Salary: \_\_\_\_\_ in \_\_\_\_\_ (monetary unit of your country)  
Ending Date: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Summary of Job Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB EXPERIENCE**

Please select the job duties that you have experienced in your previous and current jobs.

**Installed the following:**

- Industrial equipment
- Electrical Power Systems (including transformers, power lines, distribution panels etc.)
- Medical equipment
- Laundry equipment
- Other electrical equipment

**Repaired and maintained the following:**

- Home appliances (Ovens, refrigerators, washers, dryers, microwave systems, dishwashers, etc.)
- Personal Computers, media networks
- TV sets, radios, VCRs, cell phones, etc.
- Clinical Laboratory and general medical Equipment
- Electronic equipment used in research, diagnostic, and educational purposes.

**Other tasks:**

- Diagnosed electrical circuit problems.
- Calibrated industrial, test or medical equipment.
- Handled customer calls for technical support.

**Other tasks (cont'd):**

- Made recommendations to replace equipment.
- Performed maintenance on power distribution/electrical circuits
- Performed troubleshooting to component level.
- Made minor installation
- Collected data for reports.
- Tested medical systems and power supplies.
- Assembled medical equipment
- Tested medical equipment using service and operator manuals.
- Performed electrical safety tests.
- Used oscilloscopes, multimeters, signal generators and counters, power meters and other testing equipment.
- Trained others on the proper use of medical equipment.
- Maintained shop and work order records.
- Maintained preventative maintenance records.
- Diagnosed instrumentation problems
- Generated inventory reports.
- Performed installations, maintenance checks and repairs on medical equipment.
- Performed final inspection on medical equipment.

Please select the type of equipment used to perform this job and your familiarity with the equipment selected.

**Type of Equipment Used**

**Level of Familiarity (select all that apply)**

- |   |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Anesthesia Machines                  | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Audiometers                          | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Bedside / Patient Monitors           | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Blood Pressure / Vital Sign Monitors | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Blood Refrigerators                  | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Centrifuges                          | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Chemistry Analyzers                  | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Defibrillators                       | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Dialysis Machines                    | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> ECG Machines                         | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Electrosurgical Units                | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Fetal / Neonatal Monitor             | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Hematology Analyzers                 | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Hyper/Hypothermia Units              | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Infant Incubators                    | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Infant Warmers                       | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Infusion /Syringe Pumps              | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Microscopes                          | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Microtomes                           | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Nebulizers                           | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Ophthalmology Systems                | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Spectrophotometers                   | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Steam/Hot air Sterilizers            | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Ultrasound Systems                   | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> Ventilators                          | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |
| <input type="checkbox"/> X-Ray Systems                        | <input type="checkbox"/> Used / Operated | <input type="checkbox"/> Repaired |

**ESSAY QUESTIONS**

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Answer all four (4) questions with complete and detailed information.

1. How do you plan on using your education / skills learned in this program to serve your community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Are there any specific areas of biomedical repair that you have experience in or would like to become more familiar with throughout the course of the program? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

3. Do you plan on working in a hospital environment or a teaching hospital upon completion of this program? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

4. What personal goals would you like to achieve throughout the course of this program? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

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Please name two (2) individuals or close relatives that we may contact in case of an emergency.

Name _____	Address _____
Phone Number _____	City _____ State _____ Country _____
E-mail _____	Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/>

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Name _____	Address _____
Phone Number _____	City _____ State _____ Country _____
E-mail _____	Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/>

**PROFESSIONAL / ACADEMIC REFERENCES**

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Please name three (3) individuals who are not relatives that we may contact for further information.

Name _____	Address _____
Phone Number _____	City _____ State _____ Country _____
E-mail _____	Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Professor <input type="checkbox"/>

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Name _____	Address _____
Phone Number _____	City _____ State _____ Country _____
E-mail _____	Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Professor <input type="checkbox"/>

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Name _____	Address _____
Phone Number _____	City _____ State _____ Country _____
E-mail _____	Employer <input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Professor <input type="checkbox"/>

## CRIMINAL RECORD

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Have you ever been convicted of a criminal offense other than a minor traffic violation?  Yes  No

*If yes, please provide additional information. Note: An affirmative answer to this question will not automatically disqualify you from acceptance into this program. However, failure to disclose such a record, if it exists, and to explain that record honestly, will subject a trainee to MediSend's corrective action process and may result in dismissal from the program.*

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### IMPORTANT: YOU MUST READ AND SIGN BELOW IN ORDER TO COMPLETE YOUR APPLICATION.

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I understand that this application is for admission to MediSend's Training Program and is valid only for the term indicated on the application. I further agree to the release of any transcript, student record and test scores to MediSend, including test score reports that MediSend may request. I further authorize and request each reference, former employer, educational institution or any other organization(s) to provide, as required, all information that may be sought in connection with this Application.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am considered for a scholarship, any falsified statements on this Application will be considered sufficient cause for immediate dismissal.

By signing this Application I agree to abide by the policies and regulations of MediSend if I am admitted to the Program. I understand that as a non-US technician trainee, I am expected to engage in full-time study at MediSend and to obey all the related rules and regulations, as specified in the GEC Trainee Handbook.

I (by way of a sponsor or through personal finances) have arranged financial support to cover my tuition, Program fees, emergency health insurance, living expenses (including room and board), books and travel to and from the Program site during my stay in the United States as a trainee and understand that MediSend takes no responsibility for any major pre-existing health conditions other than routine medical, and is not responsible for personal expenses and any other unanticipated expenses.

I am aware that I am not authorized to work in the United States throughout the duration of my studies and that MediSend does not guarantee or promise any employment upon the completion of the Program.

\_\_\_\_\_  
Signature (typed name will be considered as signature)

\_\_\_\_\_  
Date

**This application and accompanying materials should be...**

**Mailed to:** Admissions Office  
MediSend International  
Elisabeth Dahan Humanitarian Center  
9244 Markville Drive  
Dallas, TX 75243

**OR**

**Faxed to:** 1-214-570-9284  
Attention: Admissions Office

**Emailed to:** [admissions@medisend.org](mailto:admissions@medisend.org)