

**Christ the Healer - Cristo Sana**

**Form A**

**Pontifical Mission Societies • Archdiocese of New Orleans**

1000 Howard Avenue, Suite 1213 New Orleans, LA 70113

504-527-5774 phone • 504-527-5798 fax

E-mail: [pof@archdiocese-no.org](mailto:pof@archdiocese-no.org) www.archnomo.org

**Application Form**

Please send all communications to:

**Mission Fee \$100.00**

Attn: Kristie B. Vollentine

Date: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_

Church Parish: \_\_\_\_\_

*(as it appears on passport)*

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

City, ST, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Profession: \_\_\_\_\_ Medical License#: \_\_\_\_\_ Expire Date: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Recommended by: \_\_\_\_\_ Languages: *(circle all that apply)* English Spanish Other \_\_\_\_\_

**Required Documentation**

**\*All Documentation is required to be notarized**

**Copies of your:**

- Medical Diploma
- Current Medical License
- State Certificate
- American Board Certificate
- Updated CV
- List of medicines for the mission

**Mission Dates 2012**

*(Please check 1<sup>st</sup> and 2<sup>nd</sup> choice)*

Date Preference	1 <sup>st</sup>	2 <sup>nd</sup>
January 28-Feb 4		
April 21-28		
August 4-11		

*Please mail copies to the office no later than 35 days prior to trip. This documentation is required by the Health Ministry of Nicaragua and must be notarized*

**Mission Fee: \$100.00 per person.**

*Mission Fee is non-refundable*

*Please make check payable to: **Christ the Healer***

**REQUIRED-Travel Registration**

*(please register with US Government before each trip)*

<https://travelregistration.state.gov>