

**Create an electronic CV by filling in the requested information below:**

**PURPOSE;** Mexican law requires that American healthcare professionals who are volunteering their professional healthcare skills in Baja California Sur be a current member of the Flying Samaritans and, through the Los Amigos Chapter, provide detailed information pertaining to their current qualifications to practice . This requirement pertains to all licensed healthcare providers.

The information provided on this form will be used only for its intended purpose of satisfying the requirement of the BCS Secretary of Health and will not be used for any other purpose.

In addition to completing this form, you must also e-mail/mail a clear copy of your professional license to:

The Flying Samaritans, P.O. Box 6804, Chandler, AZ 85246.

or email it to: c310dd@aol.com.

If you have questions regarding this form, please contact the specialty coordinator, see Contact Tab on the web site.

Licensed medical providers will not be able to participate at a Flying Samaritans clinic in Baja California Sur until this information is on file with the Secretary of Health, BCS. Processing time is 2 or more weeks, so please allow time for the form to be processed prior to your intended trip. We only require that the CV be completed one time. If your information changes significantly, please resubmit the form.

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**Personal Information**

**Your name as it appears on your license.**

<b>First Name:</b>	<input type="text"/>				
<b>Last Name:</b>	<input type="text"/>				
<b>Middle Name:</b>	<input type="text"/>				
<b>Title:</b>	<input type="text"/> (Medical related title, such as MD, DO, DC, DDS, NP, etc.)				
<b>Specialty:</b>	<input type="text"/>				
<b>City</b>	<input type="text"/>	<b>State</b>	<input type="text"/>	<b>Zipcode:</b>	<input type="text"/>
<b>Professional License / Certifications</b>	<input type="text"/>				
<b>Medical/Dental School</b>	<input type="text"/>				
<b>Year of Graduation</b>	<input type="text"/>				
<b>Internship</b>	<input type="text"/>				
<b>Residency</b>	<input type="text"/>				

**Continue with Page 2 - Select it on upper right corner**

**In which states do you hold a medical/dental license?**

**Current Employer:**

**Since:**

**Previous Employer:**

**Employment Dates:**

**Additional Employment History:**

We have tried to not ask for any information that could be used in identity theft. What you complete on this form is entirely up to you. However, in order for you to practice in Mexico it is necessary that we provide the Mexican government with a brief resume of your background. Via our website we will be sending the information you provide to La Paz and they will make the determination on whether you may practice in Baja.

Please indicate that you have read and understand the above statement.

**Yes, I have read and understand the above statement .**