



International Center of Miami

BAPTIST HOSPITAL OF MIAMI • SOUTH MIAMI HOSPITAL • DOCTORS HOSPITAL
BAPTIST CHILDREN'S HOSPITAL • BAPTIST CARDIAC & VASCULAR INSTITUTE

International Medical Internship Program Application Form

Intern's Name: \_\_\_\_\_

Period of Appointment: \_\_\_\_\_ to \_\_\_\_\_

Medical Department: 1. Internal Medicine: \_\_\_\_\_

2. Pediatrics: \_\_\_\_\_

This serves to acknowledge that the above named international medical intern has been invited to participate in the Baptist Health International Medical Internship Program at Baptist Health South Florida during the Period of Appointment specified above.

Agreement of Observation: During your appointment, you will be functioning strictly in an observation capacity. By your signature below you acknowledge that you have read and understand the following: you are not permitted any type of direct patient contact; you are not allowed to perform any services in a clinical or research capacity; you may not evaluate a patient nor perform any procedures. You may attend rounds, observe an attending physician and participate in conferences and teaching seminars as authorized.

You are not eligible for an institutional permit to practice medicine; therefore you will not be required to obtain malpractice insurance to watch clinical activities.

Agreement of Responsibilities: You are responsible for identifying and introducing yourself to the administrative staff, housing staff, or any additional personnel in each area in order to comply with the requirements of your supervisors.

During your Period of Appointment as part of our International Medical Internship Program, you accept full responsibility for your own financial support and maintenance of health insurance coverage for any treatment received in the United States for you and any accompanying dependents. In addition, you must provide proof of this coverage.

During your Period of Appointment as part of our International Medical Internship Program you must comply with all legal requirements of the United States and maintain a legal immigration status during the entire duration of your internship.

Failure to follow these requirements will cause your immediate dismissal from the program.

Baptist Health South Florida can only attest to your participation in the program as an International Medical Intern.

NOTE 1: Enclose a letter of recommendation from the Dean or Medical Director, together with a transcript of your University Grades.

NOTE 2: You are responsible for obtaining either a B-1 (Visitor for Business) or B-2 (Visitor for Tourism) non-immigrant visa from the appropriate authorities. In an effort to help facilitate the legal requirements, Baptist Health South Florida will provide you with an Internship Confirmation Letter.

NOTE 3: This application should be sent at least three (3) months in advance of the Period of Appointment.

ACCEPTANCE OF AGREEMENT AND RESPONSIBILITIES

I ACCEPT THE INVITATION TO PARTICIPATE IN THE BAPTIST HEALTH INTERNATIONAL INTERNSHIP PROGRAM FOR THE PERIOD OF APPOINTMENT SHOWN ABOVE. I AGREE AND UNDERSTAND THAT I WILL FUNCTION AS AN OBSERVER ONLY. I ACCEPT MY RESPONSIBILITIES AS OUTLINED IN THIS DOCUMENT AND WILL COMPLY WITH ALL REQUIREMENTS. I ALSO AM FLUENT IN ENGLISH AND/OR SPANISH.

Print your name Signature Date

Antonio J. Briceño, MD; MPH; MPC's
Chief Medical Officer
VP & International Medical Education Medical Director