



Ecuador
PROFESSIONAL PREPARATION PROGRAM

**Ecuador Professional Preparation Program
Letter of Application to the
2020 Ecuador Programs for Mental Health and Education Professionals**

Personal Information

Name:

Date of Birth:

Current Address:

Permanent Address:

Telephone number:

Email address:

Age: Gender:

Country of Citizenship:

Passport Number:

Emergency Contact Information

Name:

Relationship:

Address:

Phone numbers: Home

Work



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Degree Program

University:

Address:

Program Director:

Program Director Email Address:

Have you discussed your participation in EPPP with your program director? Yes No

Has your program director endorsed your participation in the EPPP? Yes No

Degree program: Master's degree ___ Specialist degree ___ Doctoral degree ___

Area of Psychology: _____ School _____ Clinical _____ Counseling

Specific areas of interest/research within your field:

Expected date of degree completion:

Employer Information:

Employer:

Position:

Immediate Director/Supervisor:

Director/Supervisor Email:

Have you discussed your participation in EPPP with your supervisor/director? Yes No

Has your supervisor/director endorsed your participation in the EPPP? Yes No

Health Information

Allergies:

Dietary restrictions:

Chronic medical conditions:

Other health-related information:



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Spanish Proficiency

Please describe your experiences using the Spanish language (years studied, etc):

Please describe any other languages in which you are proficient and your level of proficiency:

Please estimate your current Spanish language proficiency in the following areas and describe your level of independent comfort in each area:

*note: information provided will be used to determine your instructional level

Listening Comprehension: none little some adequate
Comfort Level:

Speaking: none little some adequate
Comfort Level:

Reading: none little some adequate
Comfort Level:

Writing: none little some adequate
Comfort Level:

Programs:

Please select the program for which you are applying.

EcuadorPPP 2.5 Week-Cultural Boost

Ecuador PPP 1.5 Week-Cultural Shot

EcuadorPPP Independent Study-Cultural Appreciation



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Application essays

If you feel comfortable doing so, please write these essays in Spanish. Essay 3 is optional.

1. Please provide a brief autobiographical statement. Answer this question as if someone had asked you "tell me something about yourself." (Maximum 500 words)

2. Please describe your professional goals and how participation in this program will assist you in reaching them. (Maximum 300 words)

3. If you would like to be considered for the Dr. Tom Oakland Scholarship, please describe what impact you have already had on culturally and linguistically populations in your field. (Maximum 300 words)



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BEFORE YOU SUBMIT YOUR APPLICATION

- Please attach a copy of your vitae or resume
- Please be certain contact information for references on your vitae or resume is updated
- Please send your graduate school transcripts (unofficial accepted) electronically
- **Please clearly indicate to which program you are applying**

Phone Interview

Approved applicants will be contacted for a phone interview following the application deadline.

Applicant's Signature

I hereby request to be considered for participation in the 2020 Ecuadorian Professional Preparation Program. I certify that the information provided above is accurate and complete. I also certify that I have received, read, understand, the document entitled General Description of the 2020 Ecuador Professional Preparation Program.

Signature of Applicant _____ Date _____

This electronically signed Letter of Application, Unofficial graduate transcripts, and the three-signed forms included in Terms and Conditions of Participation in the Ecuadorian Professional Preparation Program no later than March 31, 2020.

Applicants will need to submit full program payment no later April 15, 2020.

Program Fees

2.5 Week-Cultural Boost \$2195 for U.S. citizens; \$2295 for non-U.S. citizens

1.5 Week-Cultural Shot \$1550 for U.S. citizens; \$1650 for non-U.S. citizens

Independent Study-Cultural Appreciation \$750/week for U.S. Citizens; \$850/week for non-US Citizens

Applicants will need to submit full program payment no later April 15, 2020.



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Terms and Conditions of Participation in the Ecuadorian Professional Preparation Programs

2.5 Week Cultural Boost July 2-July 19, 2020

1.5 Week Cultural Shot July 8-July 19, 2020

Independent Study-Cultural Appreciation (Offered year round)

Please read carefully the information contained on this page. When you have read the terms and conditions for participation, please sign and date the documents so that your application may be processed.

1. Fees and Payments: I agree to abide by the conditions and deadlines for payment of fees as stated on the General Description of the Ecuador Professional Preparation Programs: 2.5 Week Cultural Boost July 2-July 19, 2020 / 1.5 Week Cultural Shot July 8 through July 19, 2020/ Independent Study-Cultural Appreciation (hereafter referred to as said Programs). I understand that failure to comply with deadlines and submit my payment in full by April 15, 2020 will result in my forfeiting my participation in the Program.

2. Withdrawal from the Program: I understand that if I am admitted to participate in this Program and then subsequently choose to withdraw, I must notify the Program officials in writing as soon as possible. I understand that I will forfeit a minimum of 55% of program fees if my withdrawal is within 30 days of my program start date and I will not receive a refund after I arrive in Ecuador.

3. Program Cancellation and Modification: I understand that the Programs may be canceled anytime before it has started. If cancelled, I understand I will receive a full refund. I also understand that Programs' officials reserve the right to make program changes, modifications, or substitutions in case of changes at the host site locations or in the interest of the Programs and its participants.

4. Insurance: 2.5 Week Cultural Boost Participants- I understand the insurance begins upon disembarking from the plane after landing in Ecuador not earlier than July 2, 2020 and remains in force until boarding the plane leaving Ecuador on July 19, 2020 or sooner. The policy covers permanent incapacity, accidental death, repatriation of remains, acute illness (but not chronic illnesses), and emergency medical expenses resulting from accidents. The minimum deductible is \$250, with the payment to be made by the participant. Coverage details are subject to change. Participants will be provided with detailed plan information upon arriving to Ecuador. **1.5 Week Cultural Boost Participants-** I understand the insurance begins upon disembarking from the plane after landing in Ecuador not earlier than July 8, 2020 and remains in force until boarding the plane leaving Ecuador on July 19, 2020 or sooner. The policy covers permanent incapacity, accidental death, repatriation of remains, acute illness (but not chronic illnesses), and emergency medical expenses resulting from accidents. The minimum deductible is \$250, with the payment to be made by the participant. Coverage details are subject to change. Participants will be provided with detailed plan information upon arriving to Ecuador. **Independent Study-Cultural Appreciation Participants-** I understand the insurance begins upon disembarking from the plane after landing in Ecuador and remains in force until boarding the plane leaving Ecuador on or sooner. The policy covers permanent incapacity, accidental death, repatriation of remains, acute illness (but not chronic illnesses), and emergency medical expenses resulting from accidents. The minimum deductible is \$250, with the payment to be made by the participant. Coverage details are subject to change. Participants will be provided with detailed plan information upon arriving to Ecuador.

5. Code of Participant Conduct: While in Ecuador, I recognize that I am responsible for complying with all conduct regulations of the home in which I will be staying and of the institutions in which I will be working and learning. I understand that I am subject to the laws and regulations of Ecuador and its institutions. I will refrain from using drugs, abusing alcohol, and will avoid areas that may invite personal harm (e.g., bars, night clubs, etc.).

I have read, understand, and agree to the terms and conditions of participation in the Ecuador Professional Preparation Programs.

Print Applicant's name _____

Applicant's Signature: _____ Date: _____



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Policy Statement on Alcohol and Other Drugs

The Ecuador Professional Preparation Program is committed to providing an environment free of the abuse of alcohol and illegal use of alcohol and other drugs. To enhance this commitment, the Program has adopted and implemented programs that seek to prevent the illicit use of drugs and the abuse of alcohol by Program participants.

STANDARD OF CONDUCT

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance or the unlawful possessions and use of alcohol and controlled drugs are harmful and prohibited during your participation in this Program. The use of alcoholic beverages and controlled drugs by Program participants is at all times subject to the alcoholic beverage laws of Ecuador. Violation of the policies and laws described above by a participant constitutes grounds for disciplinary action up to and including Program termination. I also recognize that Ecuadorian authorities may file criminal charges against me.

STUDY ABROAD STANDARDS

I recognize many countries have differing laws and regulations regarding alcohol and drug use. I recognize that I will be expected at a minimum to abide by standards of conduct that prevail in Ecuador and to adhere to all federal, regional, and local laws within Ecuador. I also recognize that Ecuador may have stricter and more severe penalties associated with the enforcement of their laws over which neither this Program nor US agencies have any influence. Participants who are found to be disruptive due to abuse of alcohol and drug use or who are adjudicated within Ecuador for having violated local regulations/laws will be dismissed immediately from this Program.

Applicant's name (printed) _____

Applicant's Signature: _____ Date: _____



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Release, Indemnification, Waiver, and Hold Harmless Agreement

In consideration for being allowed to participate in the Ecuador Professional Preparation Program, I hereby RELEASE and DISCHARGE the Program, its employees, agents, and assigns (RELEASEES) from any and all liability arising out of any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, or both, including but not limited to any claims, demands, actions, causes of action, judgments, damages, expenses and costs, including attorneys' fees, which arise out of, result from, occur during, or are connected in any manner with my participation in said Program or any related travel or activities, including such loss, damage, injury or death that may result from RELEASEES' own negligence. I further WAIVE any right I might otherwise have and COVENANT NOT TO SUE said RELEASEES in connection with any such liability.

I am fully aware of risks and hazards connected with participation in such Program and related activities, including but not limited to exposure to infection and infectious diseases, rebellion, political unrest, internal turmoil, traffic accidents, and crime that could result in serious or mortal illness, injuries, and/or property damage. I am fully aware that there may be risks and hazards unknown to me connected with participating in said Program. I hereby voluntarily elect to participate in such Program and related activities, knowing that conditions may be hazardous or dangerous to me and my property. I also am aware that there are additional hazards attendant to traveling in foreign countries, including but not limited to problems that may arise because I may not be a citizen of the countries and areas being visited, because I may not be fully conversant with the language spoken in and cultural practices of those countries and areas being visited, because I will be subject to the laws or regulations of the country visited, and because of the worldwide potential danger of terrorist attacks.

I am fully aware that the Ecuador Professional Preparation Program can be physically and mentally rigorous, and the possibility of illness, accident or death always is a concern. Furthermore, I am aware that the Ecuador Professional Preparation Program strongly recommends that I receive assurances from a physician regarding the rigors of travel as they relate to any special conditions and/or needs I may have, including but not limited to obtaining recommended vaccinations. I understand that the Program does not routinely employ health professionals, and I recognize that it is my responsibility, and not the responsibility of RELEASEES, to secure any physical or mental health support I may require while abroad. I am fully aware that most health insurance coverage provides very limited coverage abroad and does not provide for direct payment for medical services abroad and that I likely will have to make payments and file a claim with my insurer. Furthermore, I recognize that it is my responsibility, and not the responsibility of RELEASEES, to understand the limits of my major medical health insurance coverage and to ensure that my policy provides sufficient coverage for my needs and is effective during the entire period of my stay abroad and participation in the Program.

I further hereby AGREE TO INDEMNIFY, DEFEND AND SAVE AND HOLD HARMLESS the RELEASEES and each of them, from any loss, liability, damage or costs, including court costs and attorneys' fees, they may incur as a result of any claims, demands, actions, causes of action, damages, or judgments which arise out of, occur during, or are in any way connected with my participation in the Program or any related travel or activities. In signing this release I ACKNOWLEDGE and REPRESENT that (please initial each of the following):

____ I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed



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___ No oral representations, statements or inducements, apart from the foregoing written agreement, have been made

___ I am at least eighteen (18) years of age and fully competent

___ I execute this release for full, adequate and complete consideration fully intending to be bound by the same and intending to bind my heirs, successors, assigns, personal representative and estate.

___ I have completed the Ecuador Professional Preparation Program Letter of Application truthfully and accurately.

___ I agree that this Release, Indemnification, Waiver and Hold Harmless Agreement is to be construed under the laws of the State of New York or the country of Ecuador.

If any portion hereof is held invalid, the balance hereof shall continue in full force and effect.

Applicant's Name (printed) _____

Applicant's Signature: _____ Date: _____