

# WMS Medical Student Elective in Wilderness & Environmental Medicine, 2012

Application for Admission (Applications accepted June 1 – August 1 ONLY)  
(Copies available at [www.wms.org](http://www.wms.org))

Name \_\_\_\_\_ Medical School: \_\_\_\_\_

Address: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street \_\_\_\_\_

City, State/Province \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Phone Number: (please include alternates)

Work \_\_\_\_\_ Home \_\_\_\_\_ WMS Member: Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail: \_\_\_\_\_

## **EDUCATION:**

<u>School</u>	<u>Location</u>	<u>Dates of Attendance</u>	<u>Major</u>	<u>Degree</u>
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Use a separate sheet to respond to the following questions. Include your name, phone, and email address on each separate sheet as a header to prevent separation.

- Briefly list your leadership and volunteer experiences:**
- Briefly list affiliations with professional, outdoor or environmental organizations (include extent of involvement):**
- List any research experience and publications:**
- List any previous wilderness/environmental medicine or pre-hospital oriented education:**
- Briefly describe your experience and frequency of participation in wilderness related activities (e.g. backpacking, climbing, mountaineering, diving, kayaking, exotic travel, etc):**

Name \_\_\_\_\_

**6. Briefly (1 brief paragraph each) answer the following essay questions:**

- A. What do you wish to gain from this elective?
- B. How do you plan to use this elective in the future in the field of wilderness medicine?
- C. Where do you see yourself in ten years? What are your career plans?
- D. Are there health issues or physical limitations that might hinder your abilities to participate in either the classroom or rigorous backcountry experiences( Please note there is a required multi-day hike as part of the course)?

**FOR FUTURE PLANNING INFORMATION ONLY**

- 7. How did you hear about the elective?
- 8. Does your school offer a wilderness medicine elective?
- 9. Does your school have a Wilderness Medical Society Student Interest Group?

I hereby certify that the information submitted in this application and associated materials are current and accurate to the best of my knowledge.

Signature/ Date

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**Please include the following with your application:**

- 1. Verification of Medical School Enrollment Status
  - 2. \$250 (US) deposit that will be refunded immediately if not admitted or application not accepted (check or money order from a US bank made out to the *Wilderness Medical Society*). Applications will not be processed without receipt of deposit.
  - 3. Statement of good health from healthcare provider
  - 4. Signed release of liability statement
  - 5. Self addressed stamped letter-size envelope (International applicants may disregard)
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**Two (2)** printed copies of all application materials must be sent via postal service to:

**WILDERNESS MEDICAL SOCIETY**

Attention: Student Elective Committee  
2150 S 1300 E  
Salt Lake City, Utah 84106

E-mail: [wms@wms.org](mailto:wms@wms.org)

## **Wilderness and Environmental Medicine Elective Verification of Medical School Enrollment Status**

**Student: Please complete the following**

**Name of Applicant:**

*(Last)*

*(First)*

**Medical School:**

**Date of Matriculation:**

**Expected Graduation:**

**Address:**

*(Street Number)*

*(City/State)*

*(Zip Code)*

**Telephone Number: (    )**

**Email Address:**

**Administrator: Please complete the following**

**I attest that the applicant is enrolled at the above mentioned medical school, and will be a third or fourth year student in February, 20\_\_\_. I further attest that the applicant is currently in good academic standing. I understand that the student is applying for the Wilderness Medical Society / Uniformed Services University of Health Sciences Elective in Wilderness Medicine and Environmental Medicine.**

**Administrator:**

**Date:**

**Signature:**

**Phone:**

**Email:**

**Note:** International students must include a typed and signed statement from a medical school official attesting to his/her English language proficiency.

**Please apply school stamp, if available.**



**Wilderness and Environmental Medicine Elective Medical Review Form**

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**Patient Name** \_\_\_\_\_

**Cold, Heat**

27. History of Frostbite or Reynaud's? YES NO  
28. History of heat stroke or other heat related illness? YES NO

**Fitness**

29. Does the applicant exercise regularly? YES NO  
Activity Duration Intensity Level (easy/moderate/competitive)
30. Does the applicant smoke? (Describe amount and duration) YES NO
31. Is the applicant overweight or underweight? (Describe) YES NO

**Physical Exam**

1. Vitals: Blood Pressure Pulse Resp  
Height Weight
2. General Appearance
3. Physical Exam findings of note
4. On the basis of history and physical exam, do you feel that the applicant can participate in the month-long wilderness medicine elective and 5 day hike in and around the Smoky Mountain National Park in February, 2012? Please check one:  
\_\_\_Yes, I think the applicant can participate  
\_\_\_No, the applicant should not participate (describe reason below)
5. General Impression and Comments

Examiner's Name \_\_\_\_\_

Examiner's Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Adapted from NOLS Medical Review Form as published by: Monz, et al. An Analysis of the medical review process at the National Outdoor Leadership School. *Wilderness and Environmental Medicine*: 1997; 8, 138-147.

**Wilderness Medical Society Elective in Wilderness and Environmental Medicine**

**Waiver and Release of Liability**

Read Before Signing

In consideration of being allowed to participate in any way in the Wilderness Medical Society Elective in Wilderness and Environmental Medicine, related events and activities, I, \_\_\_\_\_, (printed name) the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest responsible person; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE WILDERNESS MEDICAL SOCIETY their officers, officials, agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Age: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Participant's Signature

## WMS Medical Student Elective in Wilderness and Environmental Medicine

# General Policies on Application, Selection, Tuition, and Safety

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### **Qualified applicants**

The WMS Medical Student Elective in Wilderness and Environmental Medicine is for third and fourth year students who are enrolled in a program at an accredited or internationally recognized allopathic or osteopathic medical school in the US and abroad. Students must be proficient in English in order to qualify for consideration (see below).

### **Class size**

The size limit of the elective class will be 28 students at the discretion of the Course Director. Up to forty applicants will be selected with 12 placed on an alternate list.

### **Elective information and forms**

Advertisements and recruiting material will direct interested students to the WMS web site, Student Services Page, for more detailed information (application process, selection criteria and the appropriate forms). The student will print the required forms directly from the web page and submit a deposit and completed forms to the WMS home office by standard postal (mail) service.

### **Deadlines and application limit**

The application period will run from 1 June through 1 August. The first 100 qualifying applications will be considered. Applicants will be notified by postcard of receipt of application materials. When 100 qualifying applications are received the application process will close and additional applications will be returned. If there are not enough applicants to fill the elective by August 1, applications will continue to be accepted until all slots are filled. Should there still be openings on November 1, those practicing clinicians interested in attending the first three weeks for FAWM credit will be invited to apply at a prorated cost. Of those applications accepted, a list of 28 primary and 12 waiting list candidates will be formed (see below). A courtesy letter will be sent with deposit refunds to each applicant that was not selected.

### **Application Packet**

A completed application packet will consist of the following signed documents (downloaded from the WMS web site):

1. Elective application
2. Liability waiver statement
3. Medical exam form
4. Deposit check or money order from a US bank in the amount of \$250 US made out to the *Wilderness Medical Society*
5. Medical School enrollment verification form (International students must add a typed and signed statement from the medical school official attesting to their English language proficiency)
6. Self-addressed, self-stamped, letter-sized envelope for deposit refund (US Students only)

## **General Policies**

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Note: Application forms and materials become the property of the WMS and will not be returned to the applicant. For confidentiality purposes, medical forms will be destroyed after the selection cycle is completed for those applicants not selected. For those applicants who participate in the elective, medical forms will be kept on file, in confidentiality, for one year following the completion of the course. Medical forms will only be used to determine initial qualification of the applicant for consideration and not for selection purposes.

#### **Selection process**

Applications will be logged in at the WMS home office and reviewed for completeness in the order in which they were received. Qualifying applications will then be disseminated randomly to a selection committee consisting of four senior WMS members. Each member will review 25 applications and establish a prioritized list of 9 applicants to be submitted to the home office. A memorandum detailing specific selection guidelines will be provided to each selection committee member to maintain objectivity and fairness. The combined list will allow selection of 28 primary selectees and 12 alternates. The final list of primary and alternate selectees will be compiled by the course director and submitted to the WMS Executive Director and WMS President for approval.

#### **Notification**

Post cards will be sent to applicants confirming receipt of application materials. Postal and e-mail notification of selection will be made to both primary and alternate selectees. Notification of acceptance will be made no later than 1 October. A courtesy letter will be promptly sent (with a refund check) to those applicants who were considered but not selected. **Applicants should provide primary and several alternate methods of contact on their application forms in the event the elective committee needs to contact them for notification or clarification of any issues.**

#### **Diversity and Discrimination**

The WMS does not discriminate on the basis of gender, race, religion, sexual orientation, age, national origin, or political affiliation. A reasonable attempt will be made by the WMS selection committee to maintain gender diversity within the class. All class slots will be filled with quality applicants.

#### **Physical Condition and Handicap**

Attendees must be able to participate in rigorous physical exercise to include, but not limited to heavy lifting and hiking with a heavy pack over difficult terrain in bad weather. As such, course participants will be expected to be good physical condition upon arrival. Applicants with a physical illness or handicap will qualify for consideration if they can be reasonably expected to participate and complete the elective. This should be so stated by an examining physician on the medical form that accompanies the application. Participants with generally non-limiting chronic illness on medications who are otherwise qualified must arrive with

**General Policies**  
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sufficient quantity of medication and/or supplies to last the entire course. Determination of disqualification by reason of medical disability or illness is at the discretion of the Course Director. Applicants that will be pregnant and in their 1<sup>st</sup> trimester during the duration of the elective are eligible to participate with a signed written statement from the obstetrical care provider. Those in their second or third trimester at any time during the elective are not eligible. Participants that are shown to have falsified medical information will be dismissed from the course and will forfeit all tuition fees.

**Safety and Risk Management**

The Wilderness Medical Society and Camp Wesley Woods faculty are committed to providing a safe and rewarding elective experience. However, all risk from injury cannot be eliminated. Course work will involve individual and group activities in rugged terrain, remote locations and bad weather. Leadership, planning, and conduct of these activities with respect to these risks is an important part of the elective educational experience. Good physical and mental conditioning is vital to successful completion of the course.

Students will be responsible for providing, maintaining, and transporting their own equipment. They will be expected to sleep outdoors and care for themselves in extreme weather conditions. Field activities such as the final five-day hike will be student planned with rotating student leadership and will be accompanied and supervised by one or more WMS faculty members. There may be occasions during preplanned free time in town or at the beginning or end of the course when students will not be supervised by faculty members.

The final hike will involve five days of travel in remote areas of the Great Smoky Mountain National Park where rapid emergency rescue and medical response is impossible. While all reasonable efforts will be made to mitigate the danger inherent in back country travel, personal safety can not be guaranteed. All applicants are required to read, understand and sign the liability waiver statement included in the application section of the web site.

**Tuition**

The WMS subcommittee for Elective Planning established the tuition level for the elective. There were two goals: 1) set an affordable price while maintaining academic quality in a satisfactory training venue; 2) design a course that is self-sufficient with respect to funding. The tuition price of \$1050.00 will cover the following:

1. Lodging at Camp Wesley Woods.
2. Three meals per day for the majority of the course when training is conducted at the Camp. Due to the difficulties inherent in providing for the unique needs of individual students in the field, **meals for the five-day hike are the responsibility of each student.** Tuition **will not** cover the cost of these meals and attendees must be sure to bring sufficient funds to cover their purchase. Time and transportation will be provided during the course for meal planning and procurement.

3. Meals will not be provided during some weekend recreation periods when it would not be cost-beneficial to do so. Students will be transported to areas for shopping and/or recreation and meals during those periods or they may bring their own food for limited individual preparation.
4. Forty-eight hours of hands-on Wilderness First Responder (WFR) training conducted by a professional staff of wilderness EMTs and Paramedics. Any fees associated with taking the WFR National Registry Examination are NOT included in the tuition fee.
5. A course handbook that includes relevant administrative documents and the course syllabus with text outlines for each class.
6. Over 140 hours of combined didactic, interactive, small group, and case-based training with demonstrations.

Administrative and logistical costs covered by student tuition include the following:

- Expenses for transportation of students and faculty to training sites and commercial areas.
- Cost of faculty volunteers' travel to and from the course.
- Miscellaneous administrative, printing and publishing expenses.
- Lodging and meals for faculty volunteers.
- Faculty expenses

\*Note: tuition does not cover the cost of airfare for those students who fly to the elective. Shuttle vans will be available to pick up and take students to the airport on the first and last days of the course.

#### **Policy on minimum number of students**

Elective planning, preparation, administration, and instruction was/is/will be conducted by a dedicated team of WMS volunteers (excepting the contracted pre-hospital hands-on training portion of the course). Expenses for the course were kept to a minimum in an effort to establish as affordable a tuition price as possible. As such, there is little budgetary reserve available. **For this reason it is necessary to establish a policy in advance whereby the elective may be canceled in the event that too few applications are received to meet course expenses. The deadline for receipt of all completed application materials is 1 August.** If by midnight on that day, 28 qualifying applications have not been received, the course director, in consultation with the WMS administration and Board of Directors, will consider canceling the course. This will allow those parties committed to the elective during February sufficient time to reschedule. All faculty and applicants will be notified of the cancellation and deposit checks will be returned immediately.

#### **Payment and Deposit**

1. All completed applications must be accompanied by a personal check or money order from a US bank for the amount of \$250 US made out to the *Wilderness Medical Society*.
2. Applications submitted without a deposit will not be considered.
3. Deposit refunds will be issued immediately to those applicants whose packets are incomplete, unqualified, or arrive outside the application window.

4. Those applicants considered but not selected as either primary or alternate participants will have their deposits refunded after the application and selection cycle has been completed (after 1 September).
5. Deposit refunds for those chosen as alternates will be issued after the course has begun (1 February).
6. Deposits for applicants selected as primary attendees will not be refunded and will be applied to the cost of tuition.
7. Payment for the balance of the tuition (\$800 US) for attendees will be due in full by personal check or money order from a US bank made out to the *Wilderness Medical Society* no later than 1 November.
8. Students unable to submit full payment by this time will be removed from the list and an alternate will be selected.

### **Last-minute Cancellations**

In the event that, due to unforeseen circumstances after 1 November, a student on the primary list is unable to attend, he or she will be refunded their balance tuition payment after receipt of a letter from a medical school administrator verifying the validity of the cancellation. However, the deposit of \$250 will not be refunded. In this circumstance another student may be selected from the alternate list to fill the vacancy.

### **Partial Course Completion**

Should it be necessary for an enrolled student to leave the course early, a refund will be issued to that student only for the estimated number of meals that would have been consumed had he or she remained in the course.

### **Checklist for International Students**

- Your medical school is internationally recognized (provide official contact information for the school)
- Submit all application forms in English.
- Verify English proficiency with written/signed statement by a medical school official
- Pay all fees in US dollars with a personal check or money order from a US bank.
- Include a self-addressed, self-stamped envelope.
- Prearrange visa, passport and immunization issues for the duration of the course.