



## Healing the Children - Northeast, Inc.

219 Kent Road, Suite # 20

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Telephone: (860)-355-1828 Internet: [www.htcne.org](http://www.htcne.org)

### Medical Teams Abroad Trip Proposal

Team Leader: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

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Destination: \_\_\_\_\_

Travel Dates: Depart from US \_\_\_\_\_ Return to US \_\_\_\_\_

Host: \_\_\_\_\_

Hospital: \_\_\_\_\_ Site Visit Performed (Y/N) \_\_\_\_\_

Medical Specialties: \_\_\_\_\_

Types of Intended Procedures: \_\_\_\_\_

Total Number of Procedures: \_\_\_\_\_

Team Size: \_\_\_\_\_

Source of Funding (or plan): \_\_\_\_\_

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Overview of Work Schedule and Case Load: \_\_\_\_\_

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

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

**Instructions:**

1. This proposal and the attached team roster must be submitted to the HTCNE Medical Teams Abroad (MTA) Program Coordinator as early as possible, but no later than ninety days prior to proposed departure.
2. Proposed trips that do not meet established milestone time frames will be cancelled.
3. Complete the team roster as accurately as possible. Team members may be listed as tentative or to be determined (TBD). Individuals may serve in more than one capacity.
4. Advise the MTA Program Coordinator of any changes after submission.
5. Trip approval is granted by the Medical Advisory Committee and the HTCNE Board of Directors

Trip Destination- \_\_\_\_\_

Dates- \_\_\_\_\_

