



ISBI Burn Center Assessment Program Volunteer/Reviewer Application

Name:				
Current Address:				
Current Employment:				
Occupation:	<input type="checkbox"/> Rehabilitation Specialist	<input type="checkbox"/> Nurse	<input type="checkbox"/> Physician	<input type="checkbox"/> Other:
Date of Application:				
I have the ability to travel for up to a 10-day period once a year to perform the duties of the ISBI Audit Program: <input type="checkbox"/> YES <input type="checkbox"/> NO				
I am willing to commit to be an ISBI Auditor for the next 5 years: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Do you belong to any other societies and/or NGO(s) that have an interest in burn care in LMIC? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list the organization (s): _____				
Do you have any previous experience in the role of a verifier, accreditor, certifier? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list this role(s): _____				
Have you ever visited burn centers in a LMIC in a medical capacity before? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many times in the last 10 years: _____				
Why do you want to become an ISBI auditor (250 words or less): _____ _____ _____ _____ _____ _____ _____				

Thank you for your interest in the ISBI Audit Program.

Once you complete this application please cut and paste it into an email and sent it to:

office@worldburn.org

ATTENTION: Michael Serghiou, ISBI Executive Director