

JAMAICA MISSIONS USA

Required Forms & Documents		Physician Assistant & EMT		Due Date
		1st Time	Returning	
JMUSA Application		X	X	Aug 15
Aspplication deposit (\$100.00 USD)		X	X	Aug 15
Work Exemption Permit	Notarized ²	X	X	Oct 15
Short Term Volunteer Form		X	X	Oct 15
Waiver of Liability	Notarized ²	X	X	Oct 15
Copy of Passport page with your picture	Certified ¹	X	X	Oct 15
Passport sized photos		2 photos	2 photos	Oct 15
Headshot photo (.jpg format) for ID	emailed	X		Oct 15
Form A - Medical Act 1976	Notarized ²	X	X	Oct 15
Copy of Degree Certificate or Diploma	Certified ¹	X		Oct 15
Copy of Current License	Certified ¹	X	X	Oct 15
Copy of Birth Certificate	Certified ¹	X		Oct 15
Two written professional references (preferably from Supervisors)	Notarized ²	X	X	Oct 15
Detailed Resume (qualifications & experience)	Notarized ²	X	X	Oct 15
Copy of Marriage Certificate (if applicable)	Certified ¹	X		Oct 15
Flight itineraries		X	X	Dec 1
Balance of Mission Fee (\$895.00 USD)		X	X	Dec 1
Health Information Form		X	X	Feb 1
<p>Notes: (X) denotes required forms/documents ¹ Copies must be certified by a Notary Public ² Signature on forms must be notarized.</p>				

Mail all documents to:

JMUSA
 c/o Melissa Watson
 16350 E. Arapahoe Rd.
 Suite 108, Box 190
 Foxfield, CO 80016

Email address:

Questions, jpg photo and scanned
 copies may be emailed to:

melissa.watson@jmusa.org