

**\* \* 2010 Missionary Medicine Intensive \* \***

Please check the date of the class for which you are applying. A \$460.00 (non-refundable) deposit per person is required in order to be considered for acceptance. This will be applied to the cost of the program. **The balance is due four weeks before arrival.**

**MARION, NORTH CAROLINA**



Total cost of the US Course is \$920.00 (by check or money order or credit card)

**SHAWNIGAN LAKE, VANCOUVER ISLAND, BRITISH COLUMBIA**



Total cost of the Canadian Course is US \$950.00 (by check or money order or credit card)

**Caution: Payment for courses cannot be made through our website.  
The website is for charitable donations only.**

**Checks should be made payable to Equip, Inc.  
Check Memo: MMI**

Appropriate Technology Institute (a ministry of Equip, Inc.)  
Attention: Anna Goble-Talley  
PO Box 1126, Marion, NC 28752-1126  
Ph: 828-738-3891 FAX: 828-738-3946  
E-MAIL CONTACT: equipmmi@charter.net

PLEASE PRINT PLAINLY:

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

Name: \_\_\_\_\_ (as you want it to appear on the certificate)

Name: \_\_\_\_\_ (as you want it to appear on a name tag)

Age: \_\_\_\_\_ (Must be over 18 yrs. of age) Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Country of Interest: \_\_\_\_\_

What Medical Experience Do You Have? \_\_\_\_\_

When will you leave for the field? \_\_\_\_\_ Career: \_\_\_\_\_ Short-term: \_\_\_\_\_

Organization You Represent: \_\_\_\_\_

Complete Address Of Organization: \_\_\_\_\_

Phone Number Of Organization: \_\_\_\_\_ Contact Person Of Organization: \_\_\_\_\_

Health Insurance Carrier and Policy Number: \_\_\_\_\_

**SEND COPY OF PROOF OF MEDICAL COVERAGE WITH APPLICATION!!!**

Date of last CPR/First Aid Class taken: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**Please carefully read Gen. Info sheet.**

## General Information - US MMI courses

**Cost:** \$920.00 US Course and Canadian Course US \$950.00 which includes room, board, tuition and books.

Minimum number of participants is ten.



**Student Prerequisites:** **Missionaries who will be leaving for a foreign field within a year of the course.**

At least 18 years of age.

Able to do college level work.

Able to perform basic algebra.

Able to devote yourself to the course work entirely day and evening.

Certified in CPR/First Aid Class within the last 2 years.

Current tetanus immunization within last 10 years.

**Location of Training:** Marion, NC

**Family:** Please do not ask to bring family members (or small children with you.)

**Arrival:** Plan to arrive on Sunday.

Check in time is between 5:00 pm and 6:00 pm.

Mandatory orientation 6:30 pm - refreshments are provided.

The course will end at 1:00 pm on the last day of the program. Please arrange travel accordingly. It is a one hour trip to the airport.

**Housing:** On-site cabins - overflow to local motel. Bring own linens or sleeping bag.

**Food Service:** As we have volunteer staff we expect students to participate in household duties.

Meals will be provided Monday through Friday. You are on your own on weekends.

We cannot provide for those with special diets or food allergies.

**Schedule of Classes:** 8:30 am - 5:00 pm Monday through Friday

**Format:** Course format is with interactive lectures and labs. Bring notebook, pencils and calculator.

One hour lunch break and coffee breaks are provided.

Homework and case studies will be worked on in the evening and Saturday. There will be little free time.

**Dress:** Very casual; dress clothes for church attendance. May need a jacket in North Carolina in Spring and Fall.

**Subjects Covered:** Patient evaluation; logic of diagnosis; infectious diseases; buying and using medications; medical emergencies; fluid balance; nutritional disorders; pain control; burns; snakebite; lacerations; fractures; childbirth. **Information and skills learned in this course cannot be used in the USA!**

**Laboratory exercises:** Physical examination; injections; calculating doses of medications; simple lab tests; suturing wounds; sterilizing; making and using stomach tubes; splinting, bandaging and traction; improvising medical equipment; emergency dentistry (often offered). These procedures are essential to the course.

**If you have further questions, please contact**

Anna Goble-Talley, Course Coordinator, at  
Equip, Inc.

PO Box 1126, Marion N.C. 28752

Ph: 828-738-3891 Fax: 828-738-3946

E-mail: [equipmmi@charter.net](mailto:equipmmi@charter.net)

**CHARGE CARD AUTHORIZATION FORM**

**ONLY USE THIS FORM IF YOU ARE  
FAXING US YOUR CREDIT CARD  
INFORMATION**

In order for us to accept and bill your charge card, please complete all fields, sign, date, and fax this form to 828-738-3946 or return via mail to

Equip, Inc.  
P.O. Box 1126  
Marion, NC 28752

**This information must be in writing. We cannot take it over the phone.**

Please provide the following information in connection with your course payment. All information kept on file is strictly confidential. **Please Print or Type as neatly as you possibly can.**

**Contact/Billing Information:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Credit Card Information**

**Credit Card Type: (circle one)**      **Visa**                      **MasterCard**                      **Discover**

**Credit Card Number:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **Name of Equip Course/or Courses:** \_\_\_\_\_

**Expiration Date on card:** \_\_\_\_\_

**Approved for Payment**

**Signed:** \_\_\_\_\_

**Printed Credit Cardholder Name:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Each payment will require a separate authorization form.**