

Ethicon Medical Mission Program

ELIGIBILITY AND GUIDELINES

ELIGIBILITY

MAP International seeks to partner with those who can endorse our vision of a world in which individuals, families and communities have the hope and capacity to build conditions that promote total health. MAP promotes the total health of people living in the world's poorest communities by partnering to:

- Provide essential medicines
- Promote community health development
- Prevent and mitigate disease, disaster and other health threats

Applicants must be participating in non-profit charitable work.

Eligibility will be determined based on the completed eligibility forms. Continued eligibility will be dependent upon feedback received and adherence to the stated guidelines.

MAP policy does not allow for transport of medicines or medical products to any to U.S. embargoed country, or ones subject to economic sanctions, e.g., Cuba, Syria, Iran and Sudan without the ordering partner providing proof of having obtained the required licensing from the appropriate departments of the U.S. government.

The applicant must provide the following materials:

1. Fully completed eligibility forms:3

A. Partner Profile

B. Project/Mission Profile

Project profile - long-term health development programs

Mission profile – pre-packs, short-term missions

C. Practitioner's Agreement of Responsibility

D. Charitable organizations

- ◆ **U.S. Based organizations** - Provide a copy of 501(c)(3) tax exempt letter issued by the Internal Revenue Service indicating your status as a charitable or non-profit organization.
- ◆ **Non-U.S. Based organizations** – Document charitable status in your country. If exempt from import duties and tariffs, provide documentation of this status also. These may be in the form of letters from appropriate governmental authorities.

2. Additional information as available:

- ◆ Recent Annual Report
- ◆ Descriptive brochure or any other promotional literature about your organization or project

GUIDELINES

1. Limited Stock: Since MAP's inventory is primarily dependent on donations from the U.S. pharmaceutical industry, the types and quantities of available medicines and medical supplies will vary.
2. Product Use: In compliance with the Food, Drug and Cosmetic Act, as amended, and Internal Revenue Service regulations, **all donated products must be used exclusively for the treatment of the ill, needy and infants and may NOT be sold or exchanged for property or services or re-exported**. Adequate records must be maintained to document the handling and distribution of all medicines.

All recipients assume full responsibility that all medicines and medical supplies donated for programs outside the United States will be used only for those programs stated at the time of request. **NO PRODUCT MAY BE LEFT BEHIND IN THE U.S., NOR BROUGHT BACK TO THE U.S. Recipients must notify MAP International prior to any changes to the original plan and request.**

All recipients will be required to submit a detailed plan for the storage and distribution of any unused medicines with a full report of the disposition to be completed upon return.

In the case where product must be destroyed, notification must be given to MAP. The recipient must handle that product in compliance with the original manufacturer's recommendations and the recipient country's regulations. Failure to notify MAP may result in loss of eligibility for future shipments.

3. Customs: Clearing Customs is the responsibility of the consignee/recipient. Documents are carefully prepared to assist in this process (e.g. detailed packing list, gift certificate, invoice). MAP International is not responsible for customs charges, fines or taxes. **Should product be confiscated by customs officials and not released for its intended use, MAP must be notified as soon as possible.**
4. Security: Donations from pharmaceutical and medical supply companies are dependent upon the product being transported and dispensed in a secure manner upon receipt. When making arrangements in other countries, please exercise caution. Shipments to locations in the U.S. for international transport should be opened only AFTER their arrival to the overseas destination.
5. Feedback: All recipients of MAP's medicines and medical supplies are required to complete and return the delivery confirmation and feedback forms to MAP. Please include human-interest stories and pictures. The feedback information including photographs and stories may be used by MAP International, its donors and mission partners to promote MAP International's mission and work around the globe. Photos will remain the property of MAP International, will be shared with MAP travel pack donors and will not be provided to other agents or sold for profit.

PARTNER PROFILE (Ethicon Medical Mission Program)

This form must be filled out completely as Part One of your Eligibility Process.

ORGANIZATION/PROJECT/CHURCH NAME:		
INDIVIDUAL/CONTACT NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	E-MAIL:

Other Organization or Group Affiliation/s, if any:

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you agree that **ALL** medicines and medical supplies donated by MAP will be used for charitable purposes **outside the US only** and **will NOT be re-exported, or transferred in exchange for money, other property or service**?..... YES NO

Are you aware of in-country procedures and have you had experience in clearing medicine through customs to avoid confiscation or paying duties/taxes?..... YES NO

Have you complied with all U.S. export license requirements, if any?..... YES NO

Will qualified health professionals be involved in the receiving and dispensing of prescription medicines?..... YES NO

SIGNATURE OF AGREEMENT FOR ACCEPTANCE AND DISTRIBUTION

By signing this statement, the undersigned agrees with MAP's Mission and Vision statement and all conditions of service as explained in the Eligibility & Guidelines, including the following:

1. **ALL** Donated product received from MAP International will be used exclusively in charitable work outside the US and **will NOT be re-exported, or transferred in exchange for money, other property or services. Violation of this condition will result in possible prosecution to the fullest extent of the law and/or civil suit.**
2. All non-delivery/distribution of product due to damage, customs problems or excess amount will be reported to MAP.
3. Provide MAP with confirmation of delivery and distribution of donated goods using the feedback forms. (By submitting this feedback information I grant permission to MAP International and its mission partners to use photographs, stories and other information provided as customer feedback for promotion of MAP International's mission and work around the globe. Photos will remain the property of MAP International and will not be provided to other agents or sold for profit. I understand that I have voluntarily allowed photographs to be taken and have voluntarily submitted them to MAP International, and that I will receive no payment for the photographs or for allowing the photographs to be taken.)
4. MAP reserves the right to assess continued partnership based on feedback received and adherence to the stated guidelines.

Print Name: _____ Organization: _____

Signature: _____ Date: _____

MISSION PROFILE

This form must be filled out for EACH Project as Part Two of your Eligibility Process. Please complete as much of this information as possible.

A. Recipient Information

MISSION PROJECT/CHURCH NAME:	
INDIVIDUAL/CONTACT NAME:	
Have you received assistance from MAP International before? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Please enter ACCOUNT NAME:	ACCOUNT NUMBER:

Please provide the name and position of the qualified health professional authorized to select the medicines, medical supplies and devices for your order.

B. Mission Information

1. Mission Destination: _____
Country City or Region

2. Hospital / Clinic: _____
Name Address if Available

3. MAP's goal is to benefit local communities. Briefly describe the history of your work/ministry in this community/country:

4. What is the goal of this mission and how will the activities enhance self-help initiatives and/or support the long-range development goals of the community being served?

5. Is there opportunity to enable the development of local community healthcare workers? Explain.

Mission Profile Page Two

6. List any local government or non-government (e.g., church) organizations consulted in the development of this project:

7. Does the project incorporate an evaluation component to guide program development and ensure accountability for outcomes? Please explain:

8. It is important that all medicines, medical supplies and devices included in MAP shipments be appropriate to meet the health needs of the region and community being served. MAP provides medicines and supplies based on communication of an expressed need. Describe how the needs of the area being served have been assessed and determined:

9. Describe the targeted population (e.g., rural/urban; living conditions, etc.):

10. Estimate the number of people to be served through this project: _____

11. What are the major health problems of the community?

12. Is there local access to medicines and supplies? YES NO

13. Is potable water available to the patients/population? YES NO

14. It is important that all dated medicines and products shipped by MAP be received, distributed and dispensed prior to their expiration date. Based on the quantities you plan to request, please indicate the minimum remaining shelf life acceptable for products at the time that the goods depart from the MAP Distribution Center.

Circle Months Remaining: 3 4 5 6 7 8 9 10 11 12 13 Other _____

C. Transportation and Storage Plan

1. How will the donated medicines be packaged and transported from the U.S. to the community you will serve? **(Please note that NO medicines and supplies donated by MAP may be left behind in the U.S.)**

2. How will the items be stored and secured at their final destination?

D. Distribution Plan

1. Give the name and position of the qualified health professional responsible for the dispensing of any prescription medicines and use of medical devices:

2. What health facilities and/or development programs will be involved in the distribution of the inventory?

Name: _____ City: _____

Name: _____ City: _____

E. Mission Preparation

1. Have you recruited a translator fluent in the language of the people you will serve? YES NO

2. Have you obtained prior approval from country officials to bring medical inventory into the country? YES NO

3. How will dispensing instructions be given to patients?

4. What cross-cultural training has been implemented for mission team members who are traveling to this community for the first time?

5. Since unused medicines, medical supplies and devices cannot leave the country to which you have donated them, in the case of excess inventory, what is the plan for storage and distribution?

ETHICON MEDICAL MISSION PROGRAM

PRACTITIONER'S AGREEMENT OF RESPONSIBILITY

Only licensed healthcare practitioners authorized to prescribe may order prescription medicines. All recipients requesting medicines and medical supplies must provide this form completed by the licensed practitioner whose signature, current state license and DEA number are included. **MAP verifies with State Medical Boards that all license numbers are current.**

By completing and signing this form, the licensed healthcare practitioner assumes full responsibility for medicines and medical supplies provided by MAP International. All medicines and medical supplies are to be used only in mission work outside of the United States of American and in compliance with the US Food, Drug and Cosmetic Act, as amended, and all other applicable US laws and regulations. The practitioner agrees that these medicines and supplies will not be marketed in the United States nor returned to the United States, nor sold or exchanged for property or services. All medicines and medical supplies will be used only in treating the ill, the needy and infants.

If these supplies are lost, misplaced, or stolen prior to arriving at their ultimate destination, report immediately to MAP by phone (1-912-265-6010) or fax (1-912-280-6638).

Date: _____

Type of Licensed Practitioner: MD DO DDS DMD DPM Other _____

Please include a copy of your current license or certificate to practice medicine.

Print Name of Ordering Practitioner

Address of Ordering Practitioner

Signature of Ordering Practitioner

State or Country in Which Licensed

Telephone Number

State License Number/Expiration Date

Fax Number

DEA Number

Other Contact Number

Specialty

Country Where Supplies Will Be Used

If prescription medicines are not to be shipped directly to you, the ordering practitioner, the name and address of the individual authorized to receive any prescription medicines under your name must be provided below:

Name

Address

City State Zip Country



4700 Glynco Parkway
Brunswick, GA 31525
E-Mail:custsrv@map.org

Phone: (912) 265-6627
Fax: (912) 280-6638

Shipping Instructions for *Ethicon Medical Mission Program*

GENERAL INFORMATION:

By signing this order form, the physician agrees that all products received in this order will be used in the charitable treatment of the ill, needy and infants in developing countries, which have a demonstrated need according to the policies established by MAP International based on U.S. Internal Revenue Service Regulations.

Signature of Ordering Physician

Print Name of Ordering Physician

Name of Overseas Hospital, Clinic or Project

Country of Hospital, Clinic or Project

Telephone Fax

E-Mail Address

Service Fee Information:

There is a \$50.00 Service Fee for an Ethicon order, plus shipping.

There is also a cap of 50 units per order and a limit of one order per physician per year.

Expedited service to meet a travel deadline and deliveries to Alaska and Hawaii incur additional charges.

Please provide credit card information below to cover these charges:

MasterCard Visa Discover American Express

Name on Card _____

Card # _____ Exp: _____

Address: _____ Security Code #: _____

Telephone

COMPLETE DELIVERY ADDRESS:

For US delivery please indicate: Residential Business

Contact Name Email Address

Telephone Fax

SHIPPING INSTRUCTIONS:

Please allow 3-4 weeks for shipment to be received.
(NO delivery to US sanctioned countries without proper US government licensing and prior MAP approval)

PRODUCT DESTINATION: COUNTRY

PRODUCT DESTINATION: HOSPITAL / CLINIC

ADDRESS

Delivery Date Requested -- Ship to arrive no later than:

Actual Departure Date: