**REQUIREMENTS FOR THE AUTHORIZATION OF A MEDICAL MISSION WITH PERU MISSION**

**Professional documentation**

* Professional Diploma (Medical/Dental/Nursing/Pharmacology School)
* Specialization certifications or licenses (if any)
* Curriculum Vitae, maximum 2 sheets
* Valid license
* Clear color scan of passport

**Temporarily imported tools, equipment or instruments**

* Include list with names of instruments, quantity, and approximate value (Form Med-2)

**Medications for Donation**

* Include list of medications name, characteristics, quantity, and approximate value (Form Med-3)

**FLIGHT ITINERARY**

(include information requested in the spaces below and then return this form with the other requested information and forms via email to [daleellison@perumission.org](mailto:daleellison@perumission.org))

US City of Origin:

Date and time of arrival to and departure from Lima

Arrival and departure airline name and flight numbers