

Description

Health Partners International of Canada (HPIC) is a Canadian medical aid organization dedicated to improving access to health care and medicine in the developing world. HPIC's programs include community health projects, emergency response, health sector capacity building and Travel Packs.

The PTP contains an assortment of essential medicines and medical supplies, designed to provide up to 600 treatments and is used by healthcare professionals, aid agencies and other groups carrying out medical missions in the developing world. Medicines are in-date and of the highest quality.

Each PTP consists of two cartons of medicines and medical supplies, which together (as one piece of checked luggage) should meet major international airline travel requirements. The two cartons have a combined weight of up to 23 kg (50 lbs). The dimensions of each box are 17" x 11" x 14". Boxes have handles for carrying convenience. Each PTP comes with a detailed Packing List, a Certificate of Donation and two documents to be completed as indicated: the Confirmation of Safe Arrival and the Travel Pack Report.

The PTP contains products from the following categories, donated by Canadian healthcare companies. Contents may vary; however, HPIC ensures that the overall quality of the pack is maintained.

- Antibiotics
- Analgesics
- Antiparasitics
- Antiemetics
- Antifungals
- Topical Creams
- Antihistamines
- Vitamins
- Antihypertensives
- Antimalarials (when applicable)
- Eye/ear drops & ointments
- Medical Supplies

We request a contribution of \$575.00 per PTP to help cover a portion of our cost to run the program. Funding from individuals, churches, corporations and foundations helps to meet the remaining costs. An income tax receipt can be issued for contributions.

Your PTP can be shipped to you anywhere within Canada.

*Please note that all applications are reviewed through HPIC's eligibility process **under the medical tax incentive.***

Request

Number of PTPs requested:

Requests for more than one PTP may require additional delivery time. It is strongly recommended that requests for PTPs be made at least 3 weeks prior to date of departure overseas.

How did you originally learn about HPIC? _____

Contact Information

APPLICANT (Contact information required **ONLY** if different than CARRIER)

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR. <input type="radio"/> Healthcare professional (please specify) _____	
NAME:	
ORGANIZATION/NGO AFFILIATION (If applicable):	
HOME ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

CARRIER (If additional carriers, please complete page 2A)

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR. <input type="radio"/> Healthcare professional (please specify) _____	
NAME:	
ORGANIZATION/NGO AFFILIATION (If applicable):	
HOME ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

SHIP TO ADDRESS (Cannot be delivered to a Post Office box) Same as carrier address

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR.		
NAME:		
STREET ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TEL:	EMAIL:	

PLEASE SPECIFY: HOME ADDRESS GOV'T BUILDING CLINIC OTHER _____
(Someone must be available to receive and sign for the PTP when delivered.)

Additional Carriers (Submit **ONLY** if applicable)

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR. <input type="radio"/> Healthcare professional (please specify)_____	
NAME:	
HOME ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR. <input type="radio"/> Healthcare professional (please specify)_____	
NAME:	
HOME ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

TITLE: <input type="radio"/> MR. <input type="radio"/> MRS. <input type="radio"/> MS. <input type="radio"/> DR. <input type="radio"/> Healthcare professional (please specify)_____	
NAME:	
HOME ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

Travel Information

Expected date of departure: **	Expected date of return:
Country of destination:	City/Town/Village:
If you are traveling with a group, please provide a general description of the members of your group (i.e. affiliations, type of healthcare professionals, etc...)	

Customs Information

Are you aware of customs procedures in the country of destination? <input type="radio"/> YES <input type="radio"/> NO
Please provide details: _____
Applicant/carrier must fully investigate customs procedures and adhere to policies of the country of destination to ensure safe passage through customs. HPIC is not responsible for customs clearance, foreign customs charges or taxes.
The PTP(s) must be checked in at Canadian customs and travel to final destination without layover in another country.

Organization/NGO Affiliation

Are you travelling in association with a Canadian organization/NGO? <input type="radio"/> YES <input type="radio"/> NO	
Name of organization/NGO:	
Name and title of contact person:	
Address:	
Telephone:	Fax:
Email:	Website:
Is the organization/NGO a charity? <input type="radio"/> YES <input type="radio"/> NO	If registered, CRA # required:
DOCUMENTATION REQUIRED:	
Organizational endorsement: If you are travelling with an organization/NGO, please include a letter from them endorsing your trip, as well as their most recent annual report, explanatory literature and statement of purpose. <i>If the organization is already on file with HPIC, then only a letter of endorsement is necessary.</i>	

**** Please be advised that your PTP(s) will be delivered approximately 2-3 days prior to your departure date unless otherwise pre-arranged.**

Project Information

HPIC is diligent in following where our medicines/supplies are distributed and how people are being treated and healed. We require details about your upcoming project to enable us to serve you better and share our partnership with others. We expect to receive your Travel Pack Report, and photos, upon completion of your mission.

Describe the project you will be involved in (if a project profile is available, please include).

Blog/website is available: _____

If you will be working with another organization in the country of destination to deliver and dispense these medicines, please describe the organization.

Please provide the name of hospital/clinic in country of destination:

Hospital/clinic website if available:

Name of physician dispensing medicine at final destination:

a. What is the main problem being addressed with this shipment?

b. Who are the intended beneficiaries of the medical aid? (i.e. men/women, boys/girls)

c. Describe how the medicines will be handled and distributed in country of destination:

d. Identify three primary diseases in the project area:

Applicant / Carrier(s) Responsibilities

The undersigned applicant accepts the following conditions and agrees to implement them or ensure that they are implemented:

- Medicines and medical supplies must be used outside North America and only in developing countries for humanitarian purposes;
- Donated medicines and medical supplies cannot be used in or marketed in or returned to North America, or sold or exchanged for property or services;
- Donated medicines and medical supplies must respond to the specific health needs of the country of final destination and be dispensed as agreed upon with HPIC to an identified group of beneficiaries and within a specified project;
- Only licensed healthcare practitioners may dispense the medicines. Recipient hospitals and/or clinics and physicians must be aware of any imminent donation. In case of recall, recipients must adhere to HPIC's recall policies and procedures;
- Medicine and medical supplies must be dispensed by trained healthcare practitioners who are able to read Canadian (English / French) packaging and instructions;
- Donated medicines and medical supplies will be distributed free of charge and without discrimination as to race, religion, age, or gender;
- HPIC must be promptly advised of any change of destination and/or distribution plan. Any change in the date of departure should be promptly communicated with HPIC for further instruction;
- HPIC will be notified immediately of any loss, diversion or misuse of the donated medicines;
- HPIC will be notified immediately of any adverse reaction from use of medicine(s);
- The destination country's procedure to clear the donated medicines through customs will be respected. HPIC is not responsible for foreign customs charges or taxes;
- Medicines and medical supplies will not be used to support terrorist activities or organizations linked to terrorism;
- In accordance with World Health Organization Guidelines for Drug Donations, all donated medicines must be distributed and used before their expiry date, and any expired medicines must be destroyed in an environmentally safe manner;
- All medicines and medical supplies must be used in adherence to HPIC's Gender Equity Policy and HPIC's Environmental Policy (please inquire with HPIC for copies of these policies);
- The Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief and The Inter-Agency Standing Committee Plan of Action on Protection Against Sexual Exploitation must be adhered to in the delivery of humanitarian aid in emergency situations;
- The "Confirmation of Safe Arrival" form included with shipping documents must be completed upon arrival of medicines at the final destination and returned immediately to HPIC;
- The "Project Report" form included with the shipping documents must be completed and returned, along with photos, within 3-6 months after the arrival of the shipment in the country of destination.

Applicant Name	Signature	Date
	X	/ /
<hr/>		
Carrier Name	Signature	Date
	X	/ /
<hr/>		
Additional Carrier Name	Signature	Date
	X	/ /
<hr/>		
Additional Carrier Name	Signature	Date
	X	/ /
<hr/>		

Contribution Procedures

I am contributing \$575 x PTP(s) to help cover a portion of the costs incurred by HPIC to operate the travel pack program. Additional funding from individuals, churches, corporations and foundations is raised to meet the remaining costs.

Total amount of contribution: \$ _____

Method of payment: Cheque Visa MasterCard

Credit card number (please print clearly): / / / Expiry date: /

Name on credit card if different from below:

Signature:

X

I, _____ am making a contribution on behalf of _____.
Please issue a tax receipt to the contributor indicated below. (For multiple contributors, information must be provided for each individual).

Signature:

X

CONTRIBUTOR

TITLE: MR. MRS. MS. DR. Organization NGO Individual

Healthcare professional (please specify) _____

NAME:

CRA# (If contributor is a registered charity) :

ADDRESS:

CITY:

PROVINCE:

POSTAL CODE:

EMAIL:

HOME TEL:

CELL:

BUS. TEL:

BUS. FAX:

Tax receipts will be issued according to CRA regulations to all contributors, except registered charities.

Should you not require a tax receipt, please specify reason:

Please Note: PTP contributions are non-refundable.

Expedited delivery is available at your expense and must be discussed in advance with HPIC.

Your contribution to HPIC should accompany your request

Physician/Dentist Endorsement of Carrier

The medicines and medical supplies provided in the Travel Pack include prescription products, therefore, a **physician or dentist** currently licensed in Canada (who knows the carrier) is required to sign the following endorsement. A photocopy of current year's provincial license must be included.

PHYSICIAN / DENTIST NAME:	
SPECIALTY:	
ADDRESS:	
CITY:	PROVINCE:
POSTAL CODE:	EMAIL:
HOME TEL:	CELL:
BUS. TEL:	BUS. FAX:

I understand that the Physician Travel Pack from HPIC contains high-quality, in-date medicines and medical supplies, donated by Canadian healthcare companies, to be carried to a developing country and administered free of charge by a healthcare professional at the final destination.

Physician or Dentist signature:

License No.

X

A photocopy of current year's provincial license must be included

Application Checklist

Please review checklist before submitting:

- Completed application form
- Physician's or dentist's signature
- Copy of current provincial license of signing physician or dentist
- Verification of customs issues in country of destination
- Organizational endorsement (if applicable)
- Contribution forwarded/enclosed

Reminder:

- Send completed Confirmation of Safe Arrival to HPIC upon arrival in country of destination
- Send completed Travel Pack Report to HPIC within 30 days upon return to Canada

Please note: Processing of your PTP request will be delayed if the PTP application is incomplete.

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