



THE CHINA TEACHERS PROGRAM

David M. Kennedy Center for International Studies
Brigham Young University

Thank you for inquiring about the China Teachers Program.

Your application form for this wonderful service opportunity follows this letter.

The China Teachers Program is administered by the David M. Kennedy Center for International Studies at Brigham Young University. It is sponsored by The Church of Jesus Christ of Latter-day Saints. All participants are required to be Church members in good standing. They serve as teachers at Chinese Universities, generally for one year. This is **not** a missionary program. Chinese law forbids any form of proselyting by foreigners. Our teachers uphold this and all other Chinese laws and courtesies of exemplary citizenship. The China Teachers Program is a great opportunity for growth and service. Teachers work hard, enjoy rich life-changing experiences, and develop a strong love for the Chinese people.

The Chinese Teachers Program selects potential teachers from a wide pool of applicants. Selected candidates are recommended to top Chinese universities with whom we have long-established relationships. If accepted by the individual universities, teachers are given an intensive two-week, one-hundred-hour training seminar in August. They are also assisted with visa and travel arrangements. In China, they are provided with an apartment, a minimal living stipend, and other benefits by the host university.

Screening criteria include possession of college degrees, ability to adjust to the diversity and cultural differences of China, willingness to “play by the rules,” under age 65, and good health. Application forms, as well as in-person and/or telephone interviews are the major tools used in teacher selection.

If you apply, to receive priority acceptance, applications should be received by 31 January for the following academic year. However, slots are sometimes available after this date, so we encourage all who are interested to contact us about openings. Chinese university officials will be influenced by your picture, education, and teaching experience. Complete all four pages, attach a copy of the picture page of your passport, and a copy of your highest degree diploma.

Page 1—Basic application (Please type this page because it will be copied and sent to the Chinese university).

Page 2—Religious information, complete with bishop/stake president signatures.

Page 3—Personal health history.

Page 4—Insurance information.

Attach a copy of your passport and diploma (to be sent to the Chinese university).

Suggestions for completing the application include:

1. Make sure that your photograph looks good, healthy, and professional.
2. Emphasize teaching experience. Highlight key points.
3. Couch your experience in non-church terms on page 1 of the application, i.e., report your mission as “two years teaching and leadership,” Priesthood teaching and leadership as “adult (or youth) leadership and instruction,” Relief Society as “teaching and humanitarian work with adult women,” etc.
4. Please do not have a physical exam or fill out the physical exam form until you are accepted at a university.

(Please fill out the Personal Health History, page 3 on the application.)

We hope you will enjoy the opportunity of being a China Teacher.

Alan and Kim Malan
Deputy directors, China Teachers Program
E-mail: china_teachers@byu.edu
Phone: (801) 422-5321

CHINA TEACHERS PROGRAM APPLICATION

David M. Kennedy Center for International Studies • Brigham Young University

Date: _____

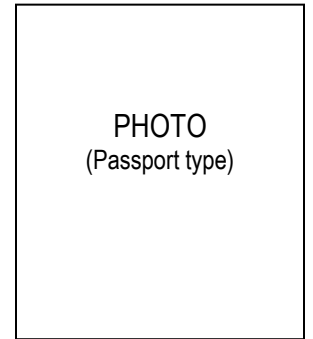
Name _____ (_____)
Last First Middle Preferred

Age _____ Date of Birth (month/day/year) _____ / _____ / _____ Place of Birth _____

Male Female Marital Status _____ Nationality _____

Former Nationality (if any) _____ Passport Type Regular Other: _____

Passport Number _____ Expiration Date (mo/day/yr) ____ / ____ / ____ Place of Issue _____



Current Address _____

City State Zip

Mailing Address (if different) _____

City State Zip

Home Telephone (_____) _____ Cell (_____) _____ Business (_____) _____ Email Address _____

Emergency Contact Information: Name _____ Relationship _____

Address _____ Phone(_____) _____ E-mail _____

General Health Condition _____

Educational Background: (most recent first)

Degrees & Certificates Date Received Institution Area of Study

Degrees & Certificates	Date Received	Institution	Area of Study

Employment/Teaching History: (emphasis on teaching experience)

Position Dates Employer Duties

Position	Dates	Employer	Duties

Other pertinent experience, titles, ranks, awards, publications, skills & qualifications:

Travel and experience living in foreign countries:

Location Beginning Date Duration Purpose

Location	Beginning Date	Duration	Purpose

Be sure to attach a copy of your passport and diploma. Return this completed application to:
China Teachers Program, David M. Kennedy Center, 237 HRCB, BYU, Provo, Utah, 84602

CHINA TEACHERS PROGRAM APPLICATION, page 2
Religious Information

Current Ward _____
Bishop _____
Address _____

City State Zip
Phone _____
Email _____

Current Stake _____
Stake President _____
Address _____

City State Zip
Phone _____
Email _____

Your current Church Position _____ Priesthood (if applicable) _____

Have you served a Mission? Yes No, When and Where? _____

Related Church Experience and Callings:

I understand that this program is sponsored by Brigham Young University and the Church of Jesus Christ of Latter-day Saints. I agree to abide by the standards of conduct required by those institutions.

Signature Date

Please have your Bishop and Stake President complete the remainder of this page.

Dear Bishop/Branch President and Stake President:
(Name of Applicant) _____ is applying to the China Teachers Program, administered by Brigham Young University, to teach at a Chinese university for one academic year. Please help us evaluate their application. Since this program is supported by the Church, all participants must be members of the Church in good standing. Participants are *not missionaries*. However, many people will view them as representatives of BYU and the Church.

- Please consider the following questions:
- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the applicant a member in good standing? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant have the spiritual and emotional strength and adaptability to work in China? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the applicant be a positive representative of BYU and the Church? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the applicant's financial and legal affairs in order? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the applicant's family situation secure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Can you recommend the applicant to participate in this program without any reservations? |

Please comment:

Bishop _____
Signature Date

Stake President _____
Signature Date

CHINA TEACHERS PROGRAM APPLICATION, page 3
Personal Health History

To be completed by the prospective China Teacher. Please honestly answer the following questions, they will be kept confidential.

Last Name _____ First Name _____ Ht. (ft, in) _____ Wt.(lbs) _____ Age _____ Sex _____

During the past year have you experienced...

If YES, give dates, frequency, and current condition

1. Hearing or visual problems? (need for aid or glasses) Yes No
2. A need to take medications, or special diet? (Please List) Yes No
3. Frequent headaches, dizziness, fainting or seizures? Yes No
4. Hay fever, allergies, or asthma? Yes No
5. Skin sores or rashes? Yes No
6. Warts or sores on feet? Yes No
7. A lump, new or changing moles, or swelling? Yes No
8. Coughing, frequent sore throat? Yes No
9. Chest pain or shortness of breath? Yes No
10. Spitting or coughing up blood? Yes No
11. Sweating at night? Yes No
12. Stomach aches, heartburn, or indigestion? Yes No
13. Repeated urinary infections, burning, or frequent urination? Yes No
14. Difficulty starting urine or dribbling? Yes No
15. Debilitating pain in back, neck, or joints? Yes No
16. Difficulty walking, running, climbing stairs, or lifting Yes No
17. A rupture or hernia? Yes No
18. Unexplained weight loss? Yes No
19. Pain or bleeding when having bowel movements? Yes No
20. Frequent diarrhea, constipation, or unusual bowels? Yes No
21. Depression or excessive anxiety? Yes No
22. Any illness or injury not already noted? Yes No

Numbers 23-28 for females only

23. Abnormal vaginal discharge or menstruation? Yes No
24. A loss of urine when coughing or sneezing? Yes No
25. Painful Menstruation? Yes No
26. Spotting between periods or skipped periods? Yes No
27. Flowing longer than 8 days? Yes No
28. Treatment for PMS? Yes No

Have you ever had...

29. A drug or medicine reaction? Yes No
30. Heart disease/surgery? Yes No
31. High Blood pressure? Yes No
32. Stroke? Yes No
33. Excessive bleeding? Yes No
34. A sexually transmitted disease? Yes No
35. Tumor growth, cyst, or cancer? Yes No
36. Diabetes, thyroid problems, or other endocrine difficulties? Yes No
37. Professional counseling for emotional problems? Yes No
38. Medication/hospitalization for emotional problems? Yes No
39. Frequently feeling sick or extremely tired? Yes No
40. A knee or ankle injury/surgery? Yes No
41. Limb loss or deformities or other handicaps? Yes No
42. Severe arthritis swollen painful joints? Yes No
43. External pain or pressure in chest? Yes No
44. Asthma or wheezing? Yes No
45. Stomach or intestinal ulcers or colitis? Yes No
46. Unconsciousness, concussion, convulsions, or seizures? Yes No
47. Kidney disease or stones? Yes No
48. Gall bladder disease or stones? Yes No
49. Hepatitis, cirrhosis, or other liver problems? Yes No
50. Surgery or hospitalization not listed above? Yes No
51. Eating problems (bulimia, anorexia)? Yes No
52. Suicidal thoughts or attempts? Yes No
53. A back injury or deformity? Yes No
54. Dependency on or misuse of medication, drug or alcohol? Yes No
55. Frequent loss of temper (arguments, fights)? Yes No
56. Difficulty learning, reading or speaking? Yes No
57. Feeling scared, tense, nervous, or extremely tired? Yes No
58. Tuberculosis or other communicable diseases? Yes No
59. Difficulty sleeping or crying spells? Yes No
60. Other problems with your physical or mental health? Yes No

By signing below I attest that the above information is truthful and complete.

Signature _____ Date _____

CHINA TEACHERS PROGRAM APPLICATION, page 4
Insurance Information

Couples must fill out two separate forms, please fill out completely.

Full Name (last, first, middle) _____

Birth Date (day, mo, yr) _____ Social Security # (if U.S. citizen) _____

Street Address _____ Home Phone (include area code) _____

City _____ State, Province, or Country _____ Postal Code _____

Bishop/Branch President _____ Home Phone(including area code) _____

Are you covered by a group or individual insurance plan? _____

Name of Primary Insurance Company _____ Policy Holder's Social Security # _____

Policy Holder's Name _____ Effective date of coverage _____

Policy Number/ Group Number _____ Telephone # (include area code) _____

Mailing Address for Submitting Claims _____

Name of Secondary Insurance Company _____ Policy Holder's Social Security # _____

Policy Holder's Name _____ Effective date of coverage _____

Policy Number/ Group Number _____ Telephone # (include area code) _____

Mailing Address for Submitting Claims _____

You must have your own health insurance that will cover you in your home area and in China.

What is the medical coverage provided by your insurance (deductibles, exclusions, special conditions, etc.)?

Does your insurance provide coverage in all areas of your home country? Yes No

What, if any, coverage in China?

Are you covered by Medicare? Yes No

I authorize any physician, medical practitioner, hospital, clinic, other health care provider, or insurance company to disclose to the Church or its representatives all information and records with respect to any claim, physical or mental condition, treatment, or medical history, and evaluation thereof.

I understand that I am responsible for all medical expenses I incur during my stay in China, including pre-program conditions. I agree to continue my current medical insurance during the entire time in China. I understand that if there are serious medical problems while I am in China, I might be sent home for treatment and my insurance will be expected to cover my needs.

Signature _____ Date _____

Please attach either a letter from your insurance company or a copy of your schedule of benefits including whether or not you are covered in China.

DO NOT TERMINATE YOUR CURRENT INSURANCE COVERAGE