Summer 2018 Programs
June 28-July 7 in Japan

EDUCATION ABROAD
APPLICATION INSTRUCTIONS AND PROGRAM POLICIES

Submit Application to:
Hunter College Education Abroad Office
Room E1447
695 Park Ave, New York, NY 10065

Please note: Submitted applications are not returned, even if the student withdraws from the program. However, we need all NEW information whether or not you applied before.

REQUIREMENTS

☐ You must have a GPA of 2.5 or higher (unless otherwise indicated in the program description)
☐ You must fulfill program prerequisites, if any.

DEADLINES

January 15, 2018 – Application deadline for all students, including $350 Application Fee/Deposit, payable online via credit card at link provided by Dr. Laura Baecher
March 1, 2018 – final program fee payment for all participants, payable online via provided link

ACCEPTANCE

Spaces in the programs are limited. It is in your best interest to apply early!
Space permitting, applications from eligible students may be considered after the deadline. A minimum of a $25.00 late application fee will be charged.
Students will be notified by e-mail of their acceptance. Once the program is filled, the remaining qualified students will be put on a waiting list.

PERSONAL STATEMENT and REFERENCES

Please attach a typewritten personal statement that, in 500 words or less, explains how your participation in this particular study abroad program will advance your personal, educational, and/or career goals.

In addition, please provide two brief professional/educational letters of recommendation from two references who can comment on your professionalism, intercultural awareness, and ability to contribute to the group. These should clearly indicate how the recommender knows you and provide title information and contact emails.
Acceptances are announced beginning one week after application deadline. Program dates indicate the day you need to arrive at the site and the day the program ends.

NOTE: All payments must be by credit card paid online to the provided link. Deadlines are important! Late fees will apply.

☐ Application Fee and Deposit
Each Application must be accompanied by a $350 credit card payment online, which will be applied to the program fee. If you withdraw from the program prior to the application deadline of January 15th, 2018, you will be refunded your deposit, minus $50, which will be kept as the application fee. If you withdraw from the program after the application deadline, you will lose your entire $350 deposit.

☐ Program Fee
Students are financially responsible for the entire program fee to be paid by March 1st, 2018. There will be no refunds for late arrivals or early departures.

- Should a student withdraw from a program for any reason after the deadline of March 1st, 2018, the program fee will not be returned.

Withdrawal from Program
Notification of withdrawal must be made in writing to the Education Abroad Office before the withdrawal will be officially recognized. Otherwise, students will be responsible for all program fees. The date on which the written notification is received is the date by which the financial calculation will be determined. If a balance is due to the Education Abroad Office at the time of withdrawal, that amount must be paid in a timely manner.

IF THE PROGRAM IS CANCELED BY THE EDUCATION ABROAD OFFICE,
ALL PAYMENTS WILL BE REFUNDED.
City University of New York

TUITION

CTLE tuition is included in the program fee.

VISAS

All visas (if required) are the responsibility of the student. If you are NOT a US citizen, make sure to inquire early with the consulate of the country to which you are going to see if you need a visa. If a visa is needed, contact the Education Abroad Office before you apply for one. After contacting the office, proceed to apply early. It is often a lengthy process, particularly in high season.

TRAVEL

There is not going to be an organized group flight to the program site and students will be expected to arrive on the date indicated. Accepted students should make their travel arrangements as soon as they have been notified of their acceptance, since prices go up with time.

HOUSING AND MEALS

- Housing must be arranged directly by students via our room block with the site hotel-this information will be provided to accepted participants.
- Accommodation for special meals, diets or rooming preferences cannot be guaranteed

INSURANCE

Hunter College will purchase international health insurance for students travelling abroad, and this is included in your program fee. All students may want to consider buying travel insurance when purchasing their airfares.

International Health Insurance for CUNY programs is purchased from:

Cultural Insurance Services International (CISI)

Hunter’s Policy Number is: 18 GLM NO4965310
Please READ the Application Instructions and Program Policies thoroughly!!!

Summer 2018

I am applying to: **Education & Language Teaching in Japan**

Program Name

Last Name: ____________________________ First Name: ____________________________

Print clearly

Last 4 Digits of SS#: ___ ___ ___ Gender: ☐ Male ☐ Female Date of Birth: _____/_____/

CUNYfirst Empl ID: (if applicable) ____________________________

Primary Phone Number: ( ) - __________

Primary E-mail Address: ____________________________@__________

Secondary E-mail: ____________________________@__________

Are you currently enrolled as a full or part time student at Hunter College? Yes ☐ No ☐

Are you currently enrolled as a full or part time student at another college? Yes ☐ No ☐

Degrees earned/Higher Education Attended: ____________________________

Cumulative GPA: __________

**Country of Citizenship** ____________________________

Passport #: ____________________________

*If you will need a visa, you MUST speak to the Education Abroad Office before applying for one.*
APPLICATION CHECKLIST

Please check that all items are completed before submitting the application:

__ Online Application Form
__ Placement Acceptance Form
__ Code of Conduct page
__ NOTARIZED Waiver and Release Agreement
__ Health Information Questionnaire and Physician’s Statement
__ New York State Health Care Proxy Form

ADDITIONAL REQUIRED DOCUMENTS

To be attached to your application:

__ $350 Application Fee via credit card payment/provide receipt
__ One copy of your transcript (can be unofficial for CUNY students as long as your name is printed on it).
__ A photocopy of the picture page of your passport
__ One 2x2 headshot photo
__ Personal Statement

**I have read and understood the previous Application Checklist, the Additional Required Documents, and the Application Instructions and Program Policies for Summer 2018 programs.

Signature:_________________________________________ Date:__________
PLACEMENT ACCEPTANCE FORM
Conditions of Placement for Hunter College Education Abroad Programs

• **Timely Completion of Forms** - I understand that my participation in Hunter College Study Abroad Programs is contingent upon returning all forms (application, registration, housing, etc.) and other materials, which may be requested by stated deadlines.

• **Eligibility** - I understand that my acceptance to participate in Hunter College Study Abroad Programs is contingent upon my maintaining all eligibility requirements (academic, financial, and social/behavioral) as defined by Hunter College and my home campus. My participation may be terminated by either Hunter College, my home or host campuses if I fail to remain enrolled at my host campus or fail to maintain other eligibility standards. I further understand that failure to remain enrolled as a student may affect my financial aid and/or program eligibility at Hunter College, my home and/or my host campus.

• **Tuition/Fees Room/Meal, and other Fees** - I agree to pay tuition/fees in a timely manner. I also agree to pay program fees in a timely manner. I understand that failure to make full payment of all required fees or to resolve other debts may result in the cancellation of any course registration and/or disenrollment. I understand that all financial obligations must be fulfilled prior to receiving transcripts or a diploma from Hunter College.

• **Transcripts** - I assume responsibility to request that an official transcript of the work attempted while on the program be sent back to my home campus if Hunter College is not my home campus.

• **Insurance** - I understand that Hunter College will provide me with health and emergency evacuation insurance on all Hunter’s programs that are taking place outside of the US. I further understand that my home and/or host campus (if other than Hunter College) may require me to submit proof of coverage. Hunter College does not provide Travel Insurance.

• **Medical Matters** - I will comply with any requirements for medical information relating to my participation in the program, including obtaining or documenting immunizations required by my home and/or host campuses.

• **Personal Health and Safety** - I understand that Hunter College and/or my home and host campuses cannot guarantee my health and safety while on the program. I am responsible for acting prudently and exercising caution and common sense at all times. I also understand that I may be using different forms of transportation to participate in this program. I agree that Hunter College as well as my home and host campuses are not responsible for personal injury, death, and/or loss or damage of property suffered by me during periods of travel with, and independent of, the program.

• **Rules and Regulations** - I agree to abide by all rules, regulations, and policies of Hunter College and/or my home and host campuses governing my academic, financial, and social/behavioral status while on the program. I understand that failure to conform to these rules and regulations may result in the termination of my participation and Hunter College, my host and/or my home campuses may take further disciplinary action.

• **Release of information** - by signing this Placement Acceptance Form, I hereby give permission to Hunter College coordinators and/or my home and host campuses to collect and release information appropriate to my application for, and my participation in the program, including: letters of recommendation, transcripts, financial status with the campuses, report of conduct, and medical/counseling records. That information may be released between and among the campus coordinators and other appropriate officials of both the home and host campuses and Hunter College. I further agree that my home and host campuses may disclose to one another, to Hunter College, and to my parent, legal guardian, or spouse any information which may impact my mental health or physical well-being while on the program. (The “program” extends from the time of placement until the receipt of the official transcript by the home campus of the work attempted at the host campus.) The permission granted here under shall survive the termination of my participation in the program.

• **Hold-Harmless** - I understand that my participation in Hunter College Study Abroad Programs is voluntary. I understand that Hunter College does not make any warranties of any kind, expressed or implied, regarding Hunter College Study Abroad Program participation, including perceived quality of experience or services rendered. I further understand that Hunter College does not assume responsibility and disclaims any liability for any injury, loss, damage, or expense (personal, academic, financial, or other) suffered by me by reason of my participation in this program.

SIGNATURE NAME OF PROGRAM DATE
HUNTER COLLEGE / CUNY
CODE OF CONDUCT
Hunter College Programs Abroad

Name: ___________________________ Program: ___________________________

Participants are expected to observe local laws and customs and exhibit good behavior. The College reserves the right to require any student to leave the program for reasons of personal behavior or academic standing. Participants in Hunter College Programs Abroad are subject to the “Rules and Regulations for the Maintenance of Public Order Pursuant to Article 129-A of the Education Law” (the “Rules and Regulations”).

FOUR INVOLVABLE LAWS ARE:

1. Students must maintain an adequate academic standard.

2. Violent, disorderly or indecent behavior of any kind is prohibited and may result in suspension, expulsion, ejection and/or arrest by the civil authorities in accordance with the “Rules and Regulations”.

3. Illegal drugs in any form are not tolerated and any student dependent upon their use should not participate in the program. Laws in most countries state that possession of any illegal drug is punishable by fine, imprisonment, and/or deportation. Students found to be using illegal drugs in any form may be subject to suspension, expulsion, ejection, and/or arrest by the civil authorities in accordance with the “Rules and Regulations”.

4. Attendance in all classes and class-related trips is mandatory.

☐ I have read these rules and I agree to obey them during the time of my participation in the Study Abroad Program. I understand that violation of these rules may lead to probation or suspension.

I understand that if for any reason I leave the program, I am responsible for all financial arrangements for my care and for transportation home.

________________________________________________________________________

SIGNATURE DATE
CUNY INTERNATIONAL TRAVEL PARTICIPATION, WAIVER, AND EMERGENCY CONTACT FORM

This form has been developed by the CUNY Office of the General Counsel (OGC) and adapted for integration into Hunter College’s Education Abroad Short-Term Program Application.

HUNTER COLLEGE WAIVER AND RELEASE AGREEMENT

I wish to participate in the Activity, and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

1. I understand that participation in the Activity involves risks not found in study at the College, including risks involved in traveling to and within, and returning from, the Activity site(s). These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions; and other matters described in the U.S. Department of State Country Specific Information (and Travel Warnings and/or Travel Alerts, if any) that I have accessed at http://travel.state.gov and reviewed carefully. I understand that there may be other risks not known or reasonably foreseeable. I accept all of these risks and voluntarily elect to participate in the Activity.

2. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Activity, there are unavoidable risks, and I hereby release and promise not to sue the City of New York, the State of New York, the College, the University, and the officers, employees, agents, or representatives of any and all of them (“Released Parties”) for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Activity, except for such claims, damages or losses may be caused by the gross negligence or willful misconduct of any of the Released Parties. It is my express intent that this Release bind my heirs, assigns, and personal representatives.

3. I represent that my statements herein are accurate and complete and that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the adviser, counselor, or attorney of my choice.

4. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug use and behavior. I recognize that behavior that violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards for each country to or through which I will travel during the Activity and assume responsibility for my
actions, understanding that the circumstances of an Activity likely requires a standard of behavior that may differ from that applicable on campus.

5. I will comply with the University’s rules, standards, and instructions for student behavior generally and for the Activity, including the College’s Code of Student Conduct and the Henderson Rules of Public Order (collectively, “standards”). I acknowledge and understand that my compliance is important to the success of the Activity and to the University's/College’s willingness to permit future similar activities. I agree that the University has the right to enforce the standards, in its sole judgment, and that it may impose restrictions, up to and including disciplinary proceedings and not granting academic credit and removing me from the Activity, for violating the standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the College, the University, the Activity or other participants.

6. I agree that, due to the circumstances of foreign study programs, procedures for notice, hearing and appeal applicable to student disciplinary proceedings at the University do not apply. If I am removed from the Activity, I consent to going home at my own expense with no refund from the University or College of any monies paid. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.

7. I hereby release each of the Released Parties from any and all claims, damages, injuries (including death), or loss that arises at a time when I am not under the direct supervision of the University, including, without limitation, during travel and/or activities other than those specifically required in order to participate in the Activity that I may choose to undertake before, during, or after the Activity, and/or that are caused by my failure to remain under such supervision or to comply with the standards. I understand and agree that the University is not in any way responsible for my well-being with respect to any travel to destinations beyond those specifically required for the Activity that I may choose to undertake before, during, or after the Activity.

8. I understand that it is within the College’s discretion to change travel, accommodations, and other arrangements as it deems necessary. I understand that the College is not responsible for nor does it represent or act as agent for, and cannot control the acts or omissions of the host institution or service providers, including those who provide transportation, tour, dining or sleeping accommodations.

9. I have no known physical or health-related reasons or problems that preclude or restrict my participation in the Activity or I have disclosed to the College any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Activity, and I hereby release each of the Released Parties from any and all claims, damages, injuries (including death), or loss arising out of my failure to disclose such conditions or problems.

10. I have or will obtain and maintain health, accident, disability, hospitalization, property
and travel insurance as required by the College and have or will obtain and maintain the same
health, accident, disability, hospitalization, property and travel insurance coverage for all
tavel and activities other than those specifically required in order to participate in the
Activity that I may choose to undertake before, during, or after the Activity. I will be
responsible for the costs of such insurance and for any expenses not covered by insurance.

11. The University may, but is not obligated to, make any decisions and take any actions
regarding my health and safety that it considers to be warranted under the circumstances,
and I hereby authorize the University to make such decisions and take such actions. I agree
to pay all expenses relating thereto and release the University from any liability for any such
actions.

12. I am assuming full financial responsibility for all costs and expenses incurred by me in
connection with the Activity, including, without limitation, financial responsibility for
damage or destruction to property of third parties.

13. I will not hold myself out as having the power or authority to bind or create liability for the
College or the University.

14. I agree that should any provision or aspect of this International Travel Participation, Waiver,
and Emergency Contact Form be found to be unenforceable, that all remaining provisions
will remain in full force and effect.

15. The waiver and release herein represents my complete understanding with the College and
the University concerning its responsibility and liability for my participation in the Activity.
It supersedes any previous or contemporaneous understandings I may have had with the
College or the University on this subject, whether written or oral, and cannot be changed or
amended in any way without my written concurrence.

16. I am printing my contact information below:

Name of Participant: CUNY ID:

Local Address:

City: State: Zip:

Cell Phone: Email address:

17. I am printing my emergency contact information below:

In case of emergency, notify:

Name: _________________________ Relationship: ________________

Email Address: __________________________________________

Phone numbers: day _______ evening _______
Mobile: ____________________
Check one:

☐ I am at least eighteen years old.

☐ I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see next page) as well as my own.

I wish to participate in the Activity, I have read and completed this International Travel Participation, Waiver, and Emergency Contact Form carefully, and I am signing it voluntarily in the presence of a notary.

Date: 

Signature: ________________________________

STATE OF ____________________________ )

COUNTY OF __________________________ _)

On this ___ day of ____________, 201__, before me personally appeared ________________________________

to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged that s/he executed the same.

Notary

Stamp

Notary Public

If participating student completing and signing this form is under the age of 18, then the following page must be completed and signed by the student’s parent or legal guardian in the presence of a notary.
IF STUDENT IS UNDER THE AGE OF 18, THEN THE STUDENT'S PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THE FOLLOWING IN THE PRESENCE OF A NOTARY:

1. I am the parent or legal guardian of my child named and who signed on the previous page.

2. I give my permission for my child to take part in the Activity described on the first page of this form with the understanding that there are potential risks associated with the Activity.

3. I understand that my child is expected to behave responsibly and to follow the University’s discipline code and policies and that failure to do so may subject the student to removal from the Activity.

4. I have read and understand this International Travel Participation, Waiver, and Emergency Contact Form, and I confirm that the information provided by my child is accurate and complete.

5. I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the Activity may act on my behalf and at my expense in obtaining medical treatment for my child.

6. I am and will be legally responsible for the obligations and acts of my child as described in this form, including such parts as may subject me to personal financial responsibility.

7. I agree, for myself and for my child, to be bound by its terms.

________________________________________________________________________
Print First and Last Name of Parent or Guardian

________________________________________________________________________
Signature of Parent or Guardian

STATE OF ____________________________

COUNTY OF ____________________________

On this ______ day of ____________, 20____, before me personally appeared ____________________________

______________________________ to me known and known to me to be the person described in and who executed the foregoing instrument and acknowledged that s/he executed the same.

Notary
Stamp

Notary Public
HEALTH INFORMATION QUESTIONNAIRE

The purpose of this form is to help HUNTER COLLEGE to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. The information provided will remain confidential; and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being. HUNTER COLLEGE may not be able to accommodate all individual needs or circumstances. This information does not affect your admission to the program. Please note: the nondisclosure of a physical or medical condition may affect our ability to provide information relevant to your specific needs abroad.

MEDICAL HISTORY

1. Are you generally in good physical condition? (If no, please explain.)
   Yes  No

2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)
   Yes  No

3. Do you have any allergies to drugs or foods? (If yes, please list ALL)
   Yes  No

4. Are you taking any medications? (If yes, please list ALL medications.)
   Yes  No

5. Have you had any major injuries, diseases or ailments in the past five years?
   (If yes, please explain.)
   Yes  No

6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)
   Yes  No

7. When was your last tetanus shot?
   

8. Is there any additional information (concerning medical conditions or mental, learning, or physical disabilities) that would require accommodation or be helpful for the program director to be aware of during your study abroad experience? (If yes, please explain.)
   Yes  No

I certify that all responses made on this Health Information Questionnaire are true and accurate, and I will notify HUNTER COLLEGE hereafter of any relevant changes in my health that may occur prior to the start of the program. I further understand that, in the event of an emergency abroad, HUNTER COLLEGE reserves the right to notify my parent(s), guardian, spouse, or designated agent (if not a minor.)

SIGNATURE OF PARTICIPANT  DATE

SIGNATURE OF PHYSICIAN  DATE
**PHYSICIAN’S STATEMENT**

**TO THE APPLICANT:** Please authorize by your signature below the release of any medical information that may be relevant in the opinion of your physician to your participation in the study abroad program.

<table>
<thead>
<tr>
<th>Your name</th>
<th>Program name and location</th>
</tr>
</thead>
<tbody>
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</table>

Application for: Spring 20___ Fall 20___ Summer 20___ Intersession 20___ Academic Year 20___-20___

Length of term away

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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</table>

**TO THE PHYSICIAN:** Please indicate if the student named above has a history of chronic or disabling physical conditions; any allergies which may require either continuing or emergency treatment; any special dietary problem; or any other physical or emotional condition which might affect his/her well-being or that of fellow students while living or traveling outside the United States for an extended time. Please list the generic names for any prescription medicine the student requires which may not be readily obtainable abroad.

Physician’s Name (print): __________________________________________

Address: _________________________________________________________

Signature: ___________________________ Date: _________________________

A DOCTOR’S STAMP AND/OR LICENSE # IS REQUIRED

**NOTE:** An extension may be provided up to 30 days from application deadline date for submission of physician’s forms if necessary. Please hand in the rest of the application as soon as possible.
Health Care Proxy Form Instructions

Item (1)

Write the name, home address and telephone number of the person you are selecting as your agent.

Item (2)

If you want to appoint an alternate agent, write the name, home address and telephone number of the person you are selecting as your alternate agent.

Item (3)

Your Health Care Proxy will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want your Health Care Proxy to expire.

Item (4)

If you have special instructions for your agent, write them here. Also, if you wish to limit your agent’s authority in any way, you may say so here or discuss them with your health care agent. If you do not state any limitations, your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

If you want to give your agent broad authority, you may do so right on the form. Simply write: I have discussed my wishes with my health care agent and alternate and they know my wishes including those about artificial nutrition and hydration.

If you wish to make more specific instructions, you could say:

If I become terminally ill, I do/don’t want to receive the following types of treatments:....

If I am in a coma or have little conscious understanding, with no hope of recovery, then I do/don’t want the following types of treatments:....

If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don’t want the following types of treatments:....

I have discussed with my agent my wishes about____________ and I want my agent to make all decisions about these measures.

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list:

- artificial respiration
- artificial nutrition and hydration (nourishment and water provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- electric shock therapy
- antibiotics
- surgical procedures
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

Item (5)

You must date and sign this Health Care Proxy form. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Item (6)

You may state wishes or instructions about organ and/or tissue donation on this form. A health care agent cannot make a decision about organ and/or tissue donation because the agent’s authority ends upon your death. The law does provide for certain individuals in order of priority to consent to an organ and/or tissue donation on your behalf: your spouse, a son or daughter 18 years of age or older, either of your parents, a brother or sister 18 years of age or older, a guardian appointed by a court prior to the donor’s death, or any other legally authorized person.

Item (7) Two witnesses 18 years of age or older must sign this Health Care Proxy form.

NOTE: The person who is appointed your agent or alternate agent cannot sign as a witness.
Health Care Proxy

(1) I, ____________________________________________ hereby appoint ______________________________________________ (name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise. This proxy shall take effect only when and if I become unable to make my own health care decisions.

(2) Optional: Alternate Agent
If the person I appoint is unable, unwilling or unavailable to act as my health care agent, I hereby appoint ______________________________________________ (name, home address and telephone number)

as my health care agent to make any and all health care decisions for me, except to the extent that I state otherwise.

(3) Unless I revoke it or state an expiration date or circumstances under which it will expire, this proxy shall remain in effect indefinitely. (Optional: If you want this proxy to expire, state the date or conditions here.) This proxy shall expire (specify date or conditions):

(4) Optional: I direct my health care agent to make health care decisions according to my wishes and limitations, as he or she knows or as stated below. (If you want to limit your agent’s authority to make health care decisions for you or to give specific instructions, you may state your wishes or limitations here.) I direct my health care agent to make health care decisions in accordance with the following limitations and/or instructions (attach additional pages as necessary):

In order for your agent to make health care decisions for you about artificial nutrition and hydration (nourishment and water provided by feeding tube and intravenous line), your agent must reasonably know your wishes. You can either tell your agent what your wishes are or include them in this section. See instructions for sample language that you could use if you choose to include your wishes on this form, including your wishes about artificial nutrition and hydration.

(5) Your Identification (please print)

Your Name ____________________________________________________________
Your Signature __________________________________________________________ Date __________
Your Address ____________________________________________________________
(6) Optional: Organ and/or Tissue Donation
I hereby make an anatomical gift, to be effective upon my death, of:
(check any that apply)
■ Any needed organs and/or tissues
■ The following organs and/or tissues

______________________________

Limitations
If you do not state your wishes or instructions about organ and/or tissue donation on this form, it will not be taken to mean that you do not wish to make a donation or prevent a person, who is otherwise authorized by law, to consent to a donation on your behalf.

Your Signature______________________________
Date______________________________

(7) Statement by Witnesses (Witnesses must be 18 years of age or older and cannot be the health care agent or alternate.)
I declare that the person who signed this document is personally known to me and appears to be of sound mind and acting of his or her own free will. He or she signed (or asked another to sign for him or her) this document in my presence.

Name of Witness 1 (please print)______________________________
Address____________________________________________________
Signature_________________________________________Date__________________________

Name of Witness 2 (please print)______________________________
Address____________________________________________________
Signature_________________________________________Date__________________________

State of New York
Department of Health 1430 4/0