Global Health Center International Travel Application

Instructions To Students:

1. Complete the entire application.
2. Form will automatically submit to the Global Health Center for review when you click on "Submit by E-mail".
3. Please follow Instructions and policy and procedures for international travel at http://pennstatehershey.org/web/globalhealth/home/travel/policy .

Section 1: Student Information

Last Name: First Name: M.I. Class of:

Gender: Student Mailbox : Phone number: Marital Status:

Purpose:

I am in good academic standing and am not under review by any academic committee:

If you answered no, please explain:

☐ I certify that all of the information that I have provided and the responses that I have given in this application are correct and complete to the best of my knowledge and belief. I understand that willful falsification or willful omission of this information may be grounds for retraction of credit. I understand that if I am approved for a rotation and do not fulfill the established criteria and requirements, I am responsible for any expenses that I incurred and must repay any funds awarded to me. I further certify that I have reviewed all of the criteria and requirements.

Current Date

Section 2: United States Emergency Contact Information

First Name: Last Name: Relation to Student:

Address (number & street):

City, State, Zip:

Email Address: Phone Number:

Section 3:

Country of intended travel:

What are the start/end dates of your rotation? Start date: End date:

Section 4: Foreign Site Contact Information

On Site Coordinator Contact Information
You must complete this section with the coordinator's information :

Name: Title:

Organization:

Hospital:

Address (number & street):

City, State/Province, Postal Code:

Email: Country

Phone: Web Site:

Is this site in your hometown? Fax:

Secondary Contact Information for the foreign site.
Please complete this section if secondary contact information was provided.

Name: Title:

Organization:

Hospital:

Address (number & street):

City, State/Province, Postal Code: Country

Email: Web Site:

Phone: Fax:

Section 5: Rotation Information

Is the rotation a minimum of four weeks?

Is there a minimum of 32 hours/week?

What is the primary language of the off-site elective? How will you ensure that you will communicate with the patients?

Is there a foreign language requirement by your host? (Some sites require language proficiency in order for medical students to participate meaningfully in clinical work.)

If yes, please explain your relevant language skills:

Is this a language training course?

If yes, please explain:

How will your education and personal experiences be supervised on this elective?

Please discuss the travel required to get to and from the site. Who will receive/guide you? BE SPECIFIC.

Review the U.S. State Department listing for the host country. Website: http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html

Is the host country listed in the "current travel warnings" site? If Yes, see Global Health Center for further information.

Does the country require a VISA for entry? (http://www.travel.state.gov/)

I have reviewed the country information.

What are the local diseases to which you may be exposed and state how you will minimize your risks for these exposures? (i.e. list specifics such as immunizations). Website (CDC Yellowbook): www.ncdc.gov/Travel/contentYellowBook.aspx. Specifically indicate whether yellow fever immunization is required or recommended .

Describe how risks to your personal safety will be minimized:

Why and how will the rotation provide you with a medical experience that is not otherwise obtainable at PSU COM?

Describe the learning environment (i.e. clinic, hospital) and patient population you are going to encounter:

Please describe the nature of the elective/MSR in terms of what your responsibilities will include?

Signature:

Date:

Submit by email

Print Form