

Application for International Elective Rotation

Resident Name: _____

Resident E-mail Address: _____

Program Name: _____

Program Director Name: _____

PGY Level _____ Pager _____ Phone _____

Section A. Rotation Information (to be completed by resident)

Institution Name: _____

Institution Address: _____

Rotation Name: _____

Purpose of Rotation: _____

****Attach a copy of the educational goals and objectives for the rotation to this application****

Proposed Rotation Dates: From _____ To _____

Length of Rotation: _____ weeks

Name of Supervising Physician: _____

Address: _____

Phone Number _____

E-mail _____

Attach copy of written approval from elective site program director/supervising physician

Outside Institution will provide professional liability coverage Yes _____ No _____

If yes, name of person contacted and phone number _____

If no, name of malpractice insurance company where policy was purchased and phone number _____

****Attach copy of the malpractice coverage certificate either from the institution or from the insurance company****

Resident Signature _____

Date _____

Section B. Program Director Review

Reason for International Elective Rotation _____

Resident is in good academic standing Yes _____ No _____

Rotation Approved Yes _____ No _____

Reason for non-approval _____

Program Director Signature _____

Date _____

Section C. Graduate Medical Education Director Review

Date Application Submitted _____

Rotation Approved Yes _____ No _____

Reason for non-approval _____

GME Director Signature _____ Date _____

Malpractice Insurance Certificate Attached Yes _____ Date _____

International Travel Insurance Certificate Yes _____ Date _____

Emergency Medical Evacuation Yes _____ Date _____

Kidnapping and Ransom Insurance Yes _____ Date _____

Security Extraction Yes _____ Date _____

Travel Assistance Yes _____ Date _____

Repatriation of Remains and Personal Effects Yes _____ Date _____

Standard Accidental Death and Dismemberment Yes _____ Date _____

Travel Immunizations Yes _____ Date _____

Enrollment with the State Department Yes _____ Date _____