Complete this International Experience Request Form and submit to the International Medical Education Program ([imep-ghp@umassmed.edu](mailto:imep-ghp@umassmed.edu)) at least 3-4 months prior to a desired international elective. If you are not in the Population, Community and Global Health Pathway OR if your Host Institution/Program is not a current Partner Institution, then you must also complete the Supplemental Form. **PLEASE MAKE SURE TO INCLUDE BOTH YOUR SIGNATURE AND UMASS CHAN FACULTY SIGNATURE prior to submission.**

*For a list of Partner Sites, visit* [*https://www.umassmed.edu/oume/curriculum/optional-curricular-opportunities/international-medical-education/global-health-partner-sites/*](https://www.umassmed.edu/oume/curriculum/optional-curricular-opportunities/international-medical-education/global-health-partner-sites/)

**STUDENT INFORMATION**:

|  |  |
| --- | --- |
| **Student Name:** | **Class of:** |

**Member of Population, Community and Global Health Pathway? \_\_\_Yes \_\_\_No**

**When the experience will occur within the student’s academic schedule:**

☐ 1st Year ☐ 3rd Year

☐ Summer between 1st and 2nd year ☐ 4th year

☐ 2nd year ☐ Other – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s UMass Chan Faculty Advisor for the Experience:**

|  |
| --- |
| **Name:** |
| **Department:** |

**HOST INSTITUTION/PARTNER PROGRAM INFORMATION:**

|  |
| --- |
| **Host Institution/Program Name:** |
| **Location of Experience (City/Country):** |
| **Proposed Experience Dates**: |

**Host Institution Primary Point of Contact**

|  |  |
| --- | --- |
| **Name:** | **Phone:** |
| **Title:** | **Email:** |

**Is Host Institution an established “Partner Site” (DIRECT LINK): \_\_\_Yes \_\_\_No**

* If your site is NOT a “Partner Site”, you must complete the Supplemental Form.
* **Note**: Approval of a non-Partner Experience is contingent upon completion of a written Letter of Agreement between UMass Chan and the Host Institution or other documentation deemed satisfactory to UMass Chan.

**EXPERIENCE INFORMATION**:

**Experience Description**: *Provide brief overview of planned experience activities/day-to-day responsibilities*; *detail any offsite activities;* a*ttach schedule/itinerary if available.*

**Student’s Learning Objectives for Experience**: *[Provide 3 concrete objectives]*

|  |
| --- |
| 1. |
| 2. |
| 3. |

**Host Supervisor:** (*i.e., on-site and will complete a student evaluation*):

|  |  |
| --- | --- |
| **Name:** | **Phone:** |
| **Title:** | **Email:** |

**Do you intend to engage in personal travel before or after the Experience? \_\_\_Yes \_\_ No \_\_**

* If yes, please list approximate personal travel dates:
* Note: Person travel is done at your own risk and expense. UMass Chan strongly recommends that you arrange for travel assistance if traveling for more than a few days before or after your Experience.

**STUDENT CERTIFICATIONS:**

* I agree to abide by all Host Institution requirements and policies, including all policies related to patient care, confidentiality and research.
* If I work in a clinical setting or interact with patients as part of my Experience I will adhere to UMass Chan expectations and standards for my current year of training.
* I will review the all health and safety information and details on the University’s emergency assistance provider (International SOS) that is provided to me prior to departure.
* I am responsible for reviewing and complying with all visa, vaccination and other entry and exit requirements related to travel to my Experience and for securing all necessary and recommended prophylaxes and medications.
* Once my Experience has been approved, I will register my international travel with the University Travel Registry (https://travelregistry.umasscs.net) at least two weeks prior to travel to ensure coverage under University travel health and evacuation insurance policies. Failure to register travel may preclude insurance coverage and/or proactive support from UMass Chan in case of incident.
* I understand that UMass Chan may, in its discretion, limit or revoke international travel approval at any time before or during my Experience due to external safety and security threats.
* With my approved travel registration, I am covered by UMass medical malpractice insurance for services provided during this experience but SOLELY for suits brought within the US and Canada. UMass does not provide coverage for any claims brought in the Host Institution country. If the Host Institution does not provide local malpractice coverage, I understand it is my decision whether and how to purchase and secure personal malpractice coverage.

**Student Signature: Date**:

**APPROVAL:** *By signing below, the named UMass Chan Faculty Member certifies that they have reviewed the Student’s International Experience Request and agrees to serve as the Student’s Advisor for the Experience.*

|  |
| --- |
| **Name of UMass Chan Faculty:** |
| **Department:** |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**INTERNATIONAL EXPERIENCE SUPPLEMENT FOR NON-PARTNER SITES**

**Country Risk Context:** Review the full US State Department travel advisory for your destination country and answer the questions below. Travel advisories and an overview of rankings can be found here: (<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html>)

Please provide answers in the column on the right.

|  |  |
| --- | --- |
| What is the current travel advisory ranking (1-4) for the country? *Note: If the travel advisory is Level 3, special approval is required. If Level 4, your experience may not be approved.* |  |
| Have you previously traveled to this country? If yes, when? |  |
| Will you need a visa to travel to the country? |  |
| What is your proficiency in host country language? |  |

**Day-to-Day Living:**

|  |  |
| --- | --- |
| Where do you plan to stay during the Experience? (e.g., on-site dorm, independent apartment, host family, hotel, tent) |  |
| Who is coordinating housing/lodging? | Name:  Contact Number: |
| Will you have access to clean drinking water? |  |
| Will you have access to basic sanitation (running water, toilets and latrines)? |  |
| How do you expect to communicate with people locally and in the U.S. during this proposed Experience? (i.e. hotspot, local SIM, US phone) |  |
| How will you arrange local ground transportation? (i.e. housing to site, airport) |  |
| Will your Experience involve any travel outside of your base city? (e.g., to clinic or research site) If so, list locations. |  |

**Special Concerns (Optional):**

|  |  |
| --- | --- |
| List or describe any medical conditions that might impact your health during the proposed Experience (e.g., type 1 diabetes, bee sting allergy, nut allergy) |  |
| List any dietary issues or restrictions that might impact your health during the proposed experience (e.g., food allergies, restricted diet) |  |
| Do you have any other health or safety concerns regarding this proposed experience that your host, IMEP, or Faculty Advisor should be aware of (e.g., concerns about social or cultural disconnects; language aptitude; etc.)? |  |

***Note:*** *If you have any special needs you are strongly advised to confer with your Faculty Advisor and/or Host Supervisor. You can also reach out to International Support Services (*[*InternationalSupportServices@umassmed.edu*](mailto:InternationalSupportServices@umassmed.edu)*) to get details on the UMass travel assistance coverage, a list of recommended local providers and/or more detailed country information.*

**Student Attestations:**

I attest that the Host Supervisor named above has reviewed and approved the description and learning objectives and agreed to support my proposed global health experience and confirmed that the description and learning objections are appropriate for my level of training. I will work with IMEP and the Host Supervisor to ensure that appropriate documentation for my experience – including a Letter of Agreement, if necessary - is completed at least one month prior to my experience start date.

By signing below, I attest that this statement is correct.

**Student Signature: Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submission:**

Send signed copy to IMEP ([imep-ghp@umassmed.edu](mailto:imep-ghp@umassmed.edu)); include any supporting information from Host Site (e.g., invitation letter, email exchange, application packet or program acceptance letter). Please register travel at <https://travelregistry.umasscs.net>.

If the experience is approved, IMEP will provide specific guidance re: documentation.