

College of Medicine
International Electives
IDE9-4010/F International Health Studies

Name: _____

Graduating Class: _____

Destination: _____

Departure Date: _____ Return Date: _____

Emergency Contact formation:

Name: _____ Relation: _____

Address: _____ Phone#: (____) _____

Checklist: This must be completed and turned in to the Office of Medical Education with Elective Application.

1. _____ Statement of purpose of trip, responsibilities and block objectives.
2. _____ Completed Agreement, Waiver of Claims and Release Form.
3. _____ Proof of health insurance that will cover you abroad (if you have University Health Insurance you are covered).
4. _____ Proof of emergency evacuation insurance (if you have University Health Insurance you are covered).
5. _____ Name and CV of preceptor, or official description of program providing oversight.
6. _____ Completed Travel Services and Documentation Form. To complete this form, students may visit the UTHSC 'travel clinic' (910 Madison, Suite 922) or you may see another physician who specializes in travel, vaccinations and other medical precautions. To find out more about the UTHSC Travel Clinic, please visit <http://www.uthsc.edu/univheal/Travel.php>
7. _____ Proof of vaccinations (specific for area of travel).
8. _____ Copy of passport and VISA.
9. _____ Confirmation that location is not listed on the State Department's Current Travel Warnings website - http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html

Student Signature: _____ Date: _____

_____ Approved

_____ Not Approved

Associate Dean Signature

Date

Submit Form to:

Ms. Ruby Bland
Office of Medical Education
910 Madison Avenue, Suite 1002
Memphis, Tennessee 38163
rbland@uthsc.edu