

UNIVERSITY OF IOWA HOSPITALS AND CLINICS
GRADUATE MEDICAL EDUCATION

INTERNATIONAL ELECTIVE REQUEST FORM (IERF)

PROGRAM NAME:	PROGRAM DIRECTOR:
TRAINEE'S NAME:	LEVEL OF TRAINING:
REQUESTED ELECTIVE PERIOD: FROM: TO:	
PROPOSED VACATION DURING EXPERIENCE:	
LOCATION OF INTERNATIONAL CLINICAL EXPERIENCE (Proposed rotations to a resident's home country will generally not be approved. Exceptions will be considered by the committee on an individual basis. If traveling to home country please provide a detailed explanation of how this rotation will benefit your professional education):	
SUPERVISING PHYSICIAN AT THE INTERNATIONAL SITE (to be responsible for supervision and evaluation of the resident): Name: Address: Phone: E-Mail:	
EDUCATIONAL/PROJECT OBJECTIVES: 1. 2. 3.	

DESCRIBE YOUR LONG-TERM EDUCATIONAL OBJECTIVES AND HOW THIS EXPERIENCE WILL HELP YOU ACCOMPLISH THESE OBJECTIVES:

EDUCATIONAL METHODS

Briefly explain how your time will be structured and how you will obtain the educational objectives identified above. (i.e. specific readings, conferences, supervised clinical experiences).

FUNDING:

Describe how you will pay for:

1) Travel to and from the international site:

2) Living expenses while at the international site:

3) Health insurance while traveling and living at the international site (House Staff Health Insurance will also continue as per the house staff policy; However it is strongly recommended that residents traveling outside of the country also purchase travel health insurance:

4) Malpractice insurance while away from UIHC (if available in the country you will be visiting):

PREPARATION:

- A visit to the UIHC Travel Clinic is required prior to leaving. An email to the Chair of the International Health Elective Committee is required after visiting the UIHC Travel Clinic.
- The International Health Elective Committee can provide advice about international travel if you desire – please notify the Chair of the International Health Elective Committee if you want to take advantage of this advice.

OUTPUT:

Date Conference presentation to house staff (must be completed within 6 months of returning):

Written Summary of the experience, documenting activities and accomplishments (must be completed within 2 months of returning):

Written evaluation by rotation supervisor at international site:

By my signature below I agree to the following: I, and my heirs, in consideration of my participation in the International Health Elective as described above, hereby release the Board of Regents of the University of Iowa System, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I am aware of the risks of participation in international travel, which could include (but not limited to) personal injury and death. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this elective is strictly voluntary and I freely chose to participate. I understand that the University does not provide malpractice coverage for me.

Signature of Applicant:

Date:

Program Director's Initials and Date	
Initials of Chair, International Health Elective Committee and Date Approved	