



**Global Health Elective (GHE) Application 2014-2015**

Applications should be submitted to the Office of Global Health per the application deadlines table. Please submit both application pages and your host acceptance letter. If you have any questions or need assistance, please email [Lynnsay Sinclair](mailto:Lynnsay.Sinclair) or call 614-247-8968.

Please note that our deadlines refer only to the GHE and OIA applications. Depending on where you travel you may need a visa that requires several months of lead time.

*To submit this form by email, please save it to your computer and send it to [Lynnsay Sinclair](mailto:Lynnsay.Sinclair).*

**Section 1: Student Information**

Name	Date	I am in good academic standing and not under review by any academic committee. If you answer no, please explain:	Yes	No
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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 will be grounds for retraction of funding. I understand that if I am approved for funding 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.

**Section 2: Emergency Contact**

Name	Relation to student	Email	Telephone
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Address (number & street), City, State/Province, Postal Code

**Section 3: Estimated Expenses**

Approved uses of GHE funding include vaccinations, travel to/from the rotation site (not including sightseeing side trips), program fees, visas, HTH insurance (\$1.61 per day) and the Office of International Affairs application fee (\$150). Food should not be included.

Travel (air, car, bus, rail, etc.)	*If you listed "Other" expenses, you must provide a description:
Lodging	
Program Fee	
Other*	
Total Expenses	I understand that any funding awarded is to be used for approved expenses as listed. Any unused funds will be returned to the OGH.

**Section 4: Site Contact Information**

Preceptor Name/Title	Hospital/Program/Organization/University
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Address (number & street), City, State/Province, Postal Code	Country
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Telephone	Email	Website
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**Secondary Contact Information:** Please complete this section if secondary contact information was provided.

Contact Name/Title	Hospital/Program/Organization/University
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Address (number & street), City, State/Province, Postal Code	Country
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Telephone	Email	Website
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**Emergency Site Contact Information:** This will only be used in very serious circumstances when we cannot directly reach you or if we know that you are in need of urgent assistance. We will email the persons listed (along with the preceptor if it is someone different) our contact information and protocol. Who on site will be available as a 24/7 emergency contact for the student? If different than the preceptor, what is their title and role?

Telephone	Email	Website
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Is the contact proficient in English?    Yes    No    If not, what is the primary language spoken?

**Section 5: Rotation Information**

Which rotation are you applying for? 7: January 12-February 6 8: February 9-March 6 10: March 30-April 24

Is there a foreign language requirement by your host? Yes No If yes, please explain your relevant language skills:

Which of the following objectives best describes your elective (select more than one if applicable)?

Learning about the diagnosis and treatment of diseases and disorders unique to a developing country

Learning about preventative public health measures in a developing country

Learning about the healthcare delivery system of a developing country

Learning about the unique cultural influences on the etiology, diagnosis and treatment of disease

Explain how you will meet the above objective(s) that you chose relative to your site:

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

How is the elective aligned with the Mission and Vision of the OGH?