

Step 2
- Welcome email -
Template

Visitor's name:

My name is **Name** and I assist with clinical access requests for the Department of **Name** at the Wexner Medical Center at The Ohio State University. I understand you would like to join **sponsor name** for **duration**, beginning **Month day, year**. I am happy to help you with the paperwork to join us. Please confirm the dates of your stay so I can draft your letter of invitation.

This offer is contingent upon the university's verification of credentials and other information required by law and/or university policies or practices, including but not limited to a criminal background check. This background check consists of completing an on-line request sent via an e-mail link from First Advantage. Once you receive the First Advantage email, you have 72 hours to complete the information requested. Please check any junk or spam folders for the First Advantage link. If you have issues with the First Advantage link or completing the required information, you will need to contact technical support for First Advantage at 1-800-888-5773.

In addition, please **fill out the attached "Application for Clinical Access"** to the best of your ability and return to me as soon as possible. When you respond, please also include your most recent CV and copy of your current passport/visa. Once you have responded, we will be able to proceed with your application.

Please let me know if you have any questions or need additional information. We look forward to meeting you and working with you during your stay!

Best,
Name

Step 5
- Letter of Invitation -
Template

Date

Name

Address Line 1

Address Line 2

Letter of Invitation

Dear Name:

I am pleased to invite you to be a visitor at The Ohio State University Wexner Medical Center in the Department of Department. This offer is effective from start month day, year through end month day, year. During this time you will be involved in insert information from sponsor. I understand you will be providing your own funding to take care of your expenses.

This invitation and dates of participation are contingent upon the university's verification of credentials and other information required by law and/or university policies, including but not limited to a domestic and/or international criminal background check and approval by the Department Chair.

For housing recommendations and other useful tips, please refer to the link below or contact me for additional details. I look forward to meeting you and working with you during your visit.

<https://www.experiencecolumbus.com>

Sincerely,

Sponsor name

Sponsor email

CC: Department Chair

Step 6

- Requirements Email - Template

Name,

Thank you for your interest in joining **Dr. Sponsor** as a visitor in the Department of **Name**.

Attached you will find a letter of invitation and additional information and documents required for your stay.

Please complete and sign the following and return to me at your earliest convenience:

- Obtain proof of required immunizations translated into English (list attached)
- Review and sign the confidentiality statement and return to me (attached)
- Please provide proof of current health insurance with international coverage

Additionally, please review the attached HIPAA slides and answer the questions on the provided document. Please return the document with your answers to me at your earliest convenience for review.

Thank you,

Name

Step 8

- Email to the Chair-

Template

Name,

Thank you for taking the time to review the attached immunizations. Once you have reviewed these documents for accuracy and completion, please sign the attached document and return to me at your earliest convenience.

Your signature verifies that you have reviewed these documents and that the visitor has met all immunization requirements for Clinical Access.

Please let me know if you have any questions or need additional information.

Thank you,

Name

Step 9

- Email to the Office of Global Health- Template

Attached you will find the packet for the Clinical Access Request for **Visitor Name**. Please review this information and confirm when you have obtained the necessary approval signature.

I have ensured the following documents are included:

- Document A: Visitor Request Form
- Document B: Sponsor Agreement Form
- Document C: Application for Clinical Access
- Document F: Confidentiality statement
- Document H: International Visitors Clinical Access Request (signed by chair)
- Statement confirming passing grade on HIPPA test

Please let me know if you have any questions or need additional information.

Thank you.

Step 11

- Travel Email -

Template

All:

This email is to confirm the approval of the Clinical Access Request for the individual detailed below:

Name:

Sponsor:

Department:

Start date:

End date:

Travel preparation:

As you prepare for travel, here is a link with useful information about Columbus, OH.

<https://oia.osu.edu/int-scholars-life-at-ohio-state.html>. On the side navigation page, you will find links to very useful information to assist with your transition.

Here is a link to the University map to help you find your way through campus.

<http://www.osu.edu/map/> If you type the name of the building, it will show you where we are on the map.

Please do not hesitate to contact me if you have any questions or need additional information as you prepare for your travels. We look forward to working with you throughout your stay.

Best,

Name