Global Health Elective Rotation Request

for OSUWMC Post-Graduate Trainees

Resident Information

Name

Residency Year

Specialty

Rotation and Site Information

Rotation Start Date

Rotation End Date

Site Name

Street Address

City

State/Province

Country

Site Administrator's Name Site

Administrator's Email

Site Administrator's Phone

Supervisor/Site Director's Name

Supervisor's Credentials
(MD, DO, MBBS)

Supervisor's Title
(Professor, Director)

Supervisor's Email

Site Signatory Name

Site Signatory Title

(CEO, CMO, etc.)

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Safety Information

Are there any travel advisories in effect that may impact safety?

Crisis24 Ratings

Categories	Country Rating	City Rating
Overall		
Security		
Infrastructure		
Environment		
Health & Medical		
Political		

Please note that a rotation to an area with Crisis24 overall risk rating of >3.5 or >4.5 in any single category (Security, Infrastructure, Environmental, Medical, Political) are elevated for additional committee review and may be denied ensuring safety.

Please share expected safety and security mitigation strategies, including any special circumstances. For example, family on-site, safety and security at the location/site, previous experiences or ongoing relationships with the host institution or country:

Accompanying Faculty

Will the trainee be accompanied by an OSU or NCH faculty member?
If YES, faculty member name
Faculty member email

Visa/Vaccine Requirements

Will travel require a visa?
Will travel require vaccinations?
If YES, list vaccinations

Educational Goals & Objectives

Please list specific competency-based goals and objectives.