****

**College of osteopathic medicine (nsu-com) international ROTATIONS**

**pLEASE cHECK ONE bOX:**

[ ] **selective** [ ] **elective, or** [ ] **service hours application form**

# CHECKLIST (\*non-affiliated sites; may request numbers 14-16\*)

1. Complete **and submit NSU-COM application for international rotation.**
2. **Submit** CV
3. Complete **and submit** form from Clinical Education for electives or international selectives.
4. Color-scanned photocopy of your passport **(must be a COLOR copy and VALID FOR a minimum of 6 MONTHS UPON ENTRY INTO THE HOST COUNTRY)**
5. Photocopy of insurance card, front and back of card. **NSU recommends purchasing the following additional international health insurance.** [**https://www.internationalstudentinsurance.com/travel-medical-insurance/apply/**](https://www.internationalstudentinsurance.com/travel-medical-insurance/apply/)
6. Complete the Waiver of Liability form**.** [**http://osteopathic.nova.edu/community/forms/form.international-travel-liability-06232016.pdf**](http://osteopathic.nova.edu/community/forms/form.international-travel-liability-06232016.pdf)
7. Obtain visa if applicable
8. Check immunization recommendations at CDC site and be sure you are current. [**http://www.cdc.gov/travel/**](http://www.cdc.gov/travel/)
9. Register with World-Cue® TRAVELER for approval prior to departure (confirmation number is 000). [**https://apps.worldcue.com/mte/startMTE.xhtml?affiliateId=706391**](https://apps.worldcue.com/mte/startMTE.xhtml?affiliateId=706391)

**(Send screenshot of registration or printed copy)**

1. Register with the State Department prior to departure. [**http://www.state.gov/**](http://www.state.gov/)
2. Provide Completed Application **and approval form** from Non-Affiliated Institution/Hospital/Clinic.
3. **Take copy of preceptor evaluation form to the rotation**.
4. **Have preceptor complete and sign form to be submitted to the Office of International Medicine at the end of the rotation.**
5. ***\*Copy of school transcripts***
6. ***\*Copy of Drug Screen Verification***
7. ***\*Copy of Criminal Background Check***

# general/emergency INFORMATION

|  |  |  |
| --- | --- | --- |
| Student Name:  | Name of Emergency Contact: | Relationship: |
| Mailing Address: | Phone: | Email: |
| NSU Email: *(****NSU email is the only email utilized during your rotation)*** | Proposed Travel Dates: | Name of Organization or Clinic: |
| Cell Phone/International Phone:***(Emergency # must be active at site****)* |  |  |
| Passport #: | Country of issue: | Proposed Destination City: | Is site an affiliated clinical site? |
| Passport Date of Issue: | Passport Expiration Date: |  | [ ]  Yes [ ]  No |
| Is your passport still valid 6 months prior to departure?[ ]  Yes [ ]  No | Country: |  |

# preceptor/supervisor contact INFORMATION

# (May be completed after interview)

|  |
| --- |
| Name: |
| Mailing Address: |
| Email: |
| Phone: |

# pre-travel checklist

# (Student must Check each box before rotation may be approved)

|  |
| --- |
| Are you in good academic standing?[ ]  Yes [ ]  No |
|  Pre-travel interview completed on Date:      /     /      Completed with [ ]  Dr. Silvagni or [ ]  Designee |
| I have reviewed NSU’s international travel policies on the following website. [ ] <http://www.nova.edu/internationalaffairs/travelreg/index.html> *(click on “individual student”)*I have registered with the U.S. Department of State Traveler Program. *(if U.S. citizen)* [ ] <http://www.state.gov/>I have purchased medical evacuation and travel cancellation insurance. [ ]  Yes [ ]  No <http://www.internationalstudentinsurance.com/schools/nova-southeastern-university.php>I have reviewed the CDC health travel information necessary for my destination on the following website. [ ] <http://www.cdc.gov/travel/>I have obtained all required visas. [ ]  I have completed AND SUMBITTED the Clinical Education Elective application form (on Blackboard). [ ]  |

# post-travel checklist

# (student must complete to receive course credit)

Return a completed preceptor evaluation for selective & elective rotations. [ ]

Turn in a journal or project report within 1 month of my return. [ ]

Post-travel interview completed on: Date:      /     /      Completed with [ ]  Dr. Silvagni or [ ]  Designee

# SIGNATURES

Grade: Date:      /     /

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved – Dr. Silvagni or Designee

Copy sent to Clinical Education Date:      /     /