

**UNIVERSITY OF COLORADO SCHOOL OF MEDICINE  
APPLICATION FOR INTERNATIONAL ELECTIVES FOR CREDIT**

Use this form for International Travel Only. While participating in the elective, the student will not be covered by UCD School of Medicine malpractice insurance and will be required to complete the Office of Global Education application and the Canvas online module **60 days ahead of time before travel will be allowed**. Upon completion of the elective, a written evaluation with narrative comments is required. Upon arrival, you will give your course director an evaluation form with a return address. **If this is a United States Elective request, please refer to Form A: Course Work Away Approval.**

*Please Note: Only Global Health Track students are allowed to do research abroad for credit. All other students may travel abroad for language immersion or clinical experience.*

**To receive academic credit, all forms must be completed, signed and submitted no later than one month prior to beginning the course.**

**SECTION I:**

Student Name: \_\_\_\_\_

Student Cell Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_

Dates: From: \_\_\_\_\_ to: \_\_\_\_\_ Section#: \_\_\_\_\_ # of Weeks: \_\_\_\_\_

**SECTION II:**

Institution Attending: \_\_\_\_\_ Institution Country: \_\_\_\_\_

Institution Primary Contact Name: \_\_\_\_\_

Institution Primary Contact Email: \_\_\_\_\_

Institution Primary Contact Office Phone: \_\_\_\_\_

**SECTION III:**

CUSOM Course Director Name: \_\_\_\_\_

CUSOM Course Director Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

**SECTION IV: Brief description of project/rotation – Please attach documentation from the program/individual that you will be working with that includes the following (may simply include a website link if applicable):**

- CV of the program director or attending you will be working with
- Description of the nature of work such as expectations, goals and objectives, what you will be doing on a daily basis, what language will be spoken, who you will be working with, etc.
- Any information on past students that have completed this
- Do you have anything to add about your understanding of what the expectations of this experience will be?

**SECTION V: Supervision** – Describe how you will be supervised during your time abroad and by whom. It is expected that you will be constantly supervised during your away elective. What will you do if the attending physician asks you to perform patient care without appropriate supervision?

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**SECTION VI: Host Site Description** – Please provide details of the setting in the following categories. You may upload PDFs and other information to support (but not in lieu of) your response.

1. **Location Description/Demographics:** geography, climate, rural/urban, languages spoken, etc.
2. **Hospital, if applicable:** size/number of beds; patient population; accreditation status; clinics; facilities available (e.g. lab, x-ray, etc.); medical specialties available, and other pertinent information.
3. Check the Travel Advisory of your proposed destination on the [State Department's Website](#). Is there a travel advisory or warning? If yes, please list the advisory or warning.

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**SECTION VII: Medical Ethics** – If you experience challenges to the code of medical ethics you have adopted at CUSOM, how will you handle it?

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**SECTION VIII: IRB Review and Approval** – If you will be conducting research and an IRB is required, please provide evidence of COMIRB review and approval. Please note that the COMIRB International Research Advisory Committee will require a local IRB. The process may take several months and should be initiated at least 9 months prior to international travel. If you are conducting research under a faculty member or mentor who has COMIRB approval, please give the IRB protocol number and PI name. (Compilation of National Policies available at [www.hhs.gov/ohrp/international/index.html#NatPol](http://www.hhs.gov/ohrp/international/index.html#NatPol)); CU Denver policies <http://www.ucdenver.edu/academics/research/AboutUs/comirb/Pages/comirb-home.aspx>

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Course Director Signature

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Date Approved

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Associate Dean for Student Life Signature

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Date Approved

Email completed form to appropriate course director.