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.

To receive academic credit, all forms must be completed, signed and returned to the Office of Student Life no later than one month prior to beginning the course.

SECTION I:
Student Name _____________________________

Student Pager/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: ____________________________

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 course director or attending you will be working with
• Description of the course 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
• Is the course affiliated with any US medical schools

Do you have anything to add about your understanding of what the expectations of this experience will be?

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Form Revised 07/11/16
SECTION V: Supervision – Describe how you will be supervised during the rotation 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.

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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); CU Denver policies http://www.ucdenver.edu/academics/research/AboutUs/comirb/Pages/comirb-home.aspx

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Course Director Signature ___________________________ Date Approved ________________

Associate Dean for Student Affairs Signature ___________________________ Date Approved ________________

Return completed form to: Student Affairs, Mail stop C292, ED 2 North, Room Number P28-5312, 13120 E. 19th Avenue, P.O. Box 6508, Aurora, Colorado 80045 Phone: 303-724-4607 email: Katie.watts@ucdenver.edu

Form Revised 07/11/16