

Unaffiliated Site Application

Request for Elective International Medical Rotation to Non-IGH Institution

Northwestern University Feinberg School of Medicine – Robert J. Havey, MD Institute for Global Health (Updated March 2023)

All requests must be submitted no less than 120 days prior to the start date of the planned rotation. The program-level PLA alone does not satisfy this legal requirement.

Please return completed form to globalhealthinstitute@northwestern.edu.

The Robert J. Havey, MD Institute for Global Health's (IGH) travel policy for Feinberg students participating in clinical away-rotations and medical education programs at international sites may be reviewed by visiting the link below. All clinical rotations and medical education programs at international sites will be assessed using the criteria and standards set forth in this policy:

<https://www.globalhealth.northwestern.edu/education/policies.html>

Feinberg students are encouraged to enroll in rotations with Global Partner Institutions. In certain circumstances, students may identify and propose new institutions for global health experiences at international sites as long as they meet the criteria set forth in Feinberg's Havey Institute for Global Health [travel policy](#). The approval form for unaffiliated global health sites and any supplemental information should be submitted to the Havey Institute for Global Health where it will be reviewed by a committee of medical school faculty and administrators. Approval is required prior to applying for Feinberg funding and/or elective credit for the global health experience. Please note that Feinberg's policy states that the Havey Institute for Global Health committee reviews the international site only, while clerkship directors review the credit-worthiness of elective rotations. Students should be prepared to submit additional materials to a clerkship director if they wish to receive elective credit.

General Information (To be completed by the requesting student)

Date of Request:

Name:

Year of Study:

Date Rotation Begins:

Date Rotation Ends:

Unaffiliated Institution Information

Name:

Location
(City/State/Country):

Site Contact (Name &
email):

International Rotation Approval

Signature

Date

Institute for Global Health:
(Director/Associate Director)

Educational Support and Justification for rotation

a. Summarize the educational objective and its relevancy to the medical school program requirements, the project or rotation you will be participating in, the scope of the activities to be covered in the rotation, and the length of the rotation. Please note the minimum rotation length is four weeks.

b. Describe the professional development opportunities that will be available to you in this rotation/program and how it will relate to your career objectives.

c. Identify the individual at the non-affiliated facility ultimately responsible for your supervision during the proposed rotation. Please include a summary of the individual's relevant credentials. Attach their CV and Letter of Support.

d. Describe where you will stay during your rotation and how you will go back and forth to the facility.

e. Describe your contingency plan on emergency and other medical services available in local community. Please describe the availability of post-exposure prophylaxis and Rabies immunoglobulin availability.

Preceptor and Licensure Information

Visiting Feinberg students who will be placed in a clinical setting should perform proper due diligence on the standards and laws set forth by local, state, and/or national regulations that apply to licensure and/or insurance requirements for visiting medical students. It is recommended that students contact the clinical director or attending physician at the host institution to inquire whether visiting medical students and/or visiting attending physicians (if applicable) are required to register with the ministry of health or if there are any other licensure and insurance requirements set by local, state, or national laws or regulations.

Please provide the clerkship director or attending physician's name, title, and email to IGH in addition to your findings regarding local regulations.

Physician Name/Title: _____

Email: _____

Web link for licensure &
insurance requirements: _____

Additional Documentation Required for International Travel to Unaffiliated Sites

- ☐ Preceptor's CV and Letter of Support
- ☐ Letter of Acceptance (as applicable)
- ☐ Attached Post-Exposure Prophylaxis Plan for Faculty
- ☐ Evidence of Rabies Immunoglobulin Vaccination availability in country

Affirmation

☐ I understand that if this application is approved, I will be required to complete all aspects of the Global Health Experience Pre-Departure Process. This includes but is not limited to: signing up for required resources such as [GeoBlue Global Health Insurance](#), recording travel via the [International Travel Registry](#), obtaining, at my own expense, any immunizations that may be needed ([NM Travel Medicine](#)), and reviewing or completing all material as assigned in the Global Health Experience Canvas Course.

Attestation

I attest that each of these steps have been performed prior to international travel.

Name: _____

Signature: _____

Date: _____