Name of Participant

Please turn in all required documents to the School of Medicine and Public Health (SMPH) Office of Global Health, 1191F HSLC, at least eight weeks prior to departure. Keep these checklists (pp. 1-2) to ensure that you have met all requirements. **Please note that all UW-System students studying abroad are required to have Cultural Insurance Services International (CISI) insurance. This should be purchased from Betsy Teigland in the SMPH Office of Global Health, NOT from the campus risk management office.** If you will be applying for financial aid, please include that form with the required documents. It is your responsibility to contact Emma Crawford (emma.crawford@wisc.edu) to make arrangements to receive your financial aid.

Visit the State Department [https://travel.state.gov/content/passports/en/alertswarnings.html](https://travel.state.gov/content/passports/en/alertswarnings.html) and CDC [www.cdc.gov/travel](http://www.cdc.gov/travel) websites for updates on the country where you will be traveling. If your site is in a country that is designated as a level 3 or 4 risk on the State Department Warning List, please contact the SMPH Office of Global Health as soon as possible. This requires a special approval process, and the required documents must be submitted at least twelve weeks prior to your anticipated departure.

**PRE-TRIP CHECKLIST**

___Work with faculty advisor to register for 699 course (Note: faculty should specify department, number of credits and term. Request 699 form from Betsy Teigland.)

*After reviewing CDC & U.S. State Dept. websites, submit to SMPH Office of Global Health:*

**Application/Travel Forms:**
___ Office of Global Health Approval Form
___ Student Agreement Form
___ Approval Letter from field site preceptor/organization
___ Contact Information*
___ CISI (insurance **REQUIRED** by the UW-System)*
___ Health Self-Assessment
___ Statement of Responsibility
___ Copy of airline itinerary
___ Copy of passport photo/signature page
___ Financial Aid (option for eligible PA and MD students only)

*Students will receive an Emergency Contact card from the SMPH Office of Global Health; a CISI insurance card will be emailed following enrollment. These must be carried throughout the field experience. In addition, nametags showing UW affiliation will be provided and should be worn at all times while working.

**In addition:**
___ Register with the U.S. Embassy Smart Traveler Enrollment Program (STEP) on the State Department website prior to departure.
In order to receive credit for this experience, you must submit the following Global Health learning portfolio upon return:

**Submit to the SMPH Office of Global Health:**

__ Student’s evaluation of the site__
__ Evaluation of the student completed by site director__

**Submit to faculty advisor as instructed:**

__ Academic paper or project report*__
__ Reflection essay or field journal*__

*(Certificate in Global Health students: see your student handbook for details.)*

*Certificate in Global Health students must also submit a copy to the SMPH Office of Global Health.*
School of Medicine and Public Health
Office of Global Health
Independent Study/Certificate Field Experience
Approval Form

These forms must be submitted at least 8* weeks prior to start of a Global Health elective. Return or email to Betsy Teigland, teigland@wisc.edu, SMPH Office of Global Health, 1191F Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.

Date Submitted: ______________________

Student Information

Name: _________________________________ Campus ID #: ____________________________
Telephone: ____________________________
Email Address: _________________________

Elective Site Information

Country: _______________________________ City: _________________________________
Hospital, Clinic or Organization: _________________________________
Department (if applicable): _________________________________
In-country Supervisor: _________________________________
Site Contact Person (if different from supervisor): _________________________________
Address: _________________________________
Telephone: ____________________________ E-mail: _________________________________

Is this country a level 3 or 4 on the State Dept. warning list (https://travel.state.gov/content/passports/en/alertswarnings.html)?
Yes________ No_________

Course Information

Dates of Elective: _________________________________
Dates of Travel: _________________________________
Discipline or Department of Elective and course number (e.g. Fam Med 699, Med Sci 699): _____________________
Name & phone number of UW faculty advisor(s) for this elective (required): _________________________________

Credits: _______ Semester: __________________________

SMPH Office of Global Health Director Approval (for office use only)

Signature: _________________________________ Date: __________________________
Student Agreement for UW Global Health

Independent Study Field Experiences

Goals
The SMPH Office of Global Health is committed to preparing students for participation in global health electives. Goals of these electives include providing students with opportunities to:

- Actively participate in the health care system of another country
- Develop knowledge and respect for another culture, language and health practices
- Develop awareness of social, economic and political factors in health and disease
- Recognize, accept, and be able to work within the limits of available resources
- Participate collaboratively in learning, service or research activities

Guidelines
While most global electives are uneventful, in some cases unforeseen challenges present themselves to students. These include problems related to unfamiliar cultures and languages, political and social instability, crime, infectious diseases, and other health hazards that may not be common in the U.S. To ensure that participants understand the risks involved in study abroad and to maximize the educational value of these experiences, UW-Madison requires that students enrolled in a credit-bearing elective outside the U.S. comply with the following policies and procedures. Completion of these guidelines is the responsibility of the individual student and not the University of Wisconsin-Madison. The Office of Global Health at 1191F HSLC is available to assist students with these steps.

A. Meet with the Office of Global Health faculty/staff to discuss educational objectives, review elective guidelines and application process, verify academic eligibility, obtain site information, and identify resources for advising and orientation. Students are expected to maintain contact with the office throughout the process of arranging a global health elective.

B. Gather information concerning any political problems, safety concerns, or health hazards by consulting the U.S. State Department and Centers for Disease Control and Prevention (CDC) websites (see front page of packet), and by consulting the sponsoring site. UW-Madison travel warning policy does not recommend travel to countries that are a level 3 or 4 on the U.S. State Department Warning List, but will consider exemptions on a limited basis with at least 3 months lead-time.

C. Submit a letter from the in-country supervisor verifying the placement and confirming the dates of elective. Obtain elective course approval and complete registration. (Letter template available upon request.)

D. Participate in the prerequisite course and/or self-directed study appropriate to your program for cultural orientation and preparation for the independent field experience.

E. Obtain medical travel advice and immunizations appropriate for host country.

F. Investigate visa and other entrance requirements that may be enforced in the host country. Register with the U.S. Embassy Smart Traveler Enrollment Program (STEP) on the State Department website prior to departure.

G. Purchase UW-System required Cultural Insurance Services International (CISI) medical/evacuation insurance policy to cover the duration of the elective. This insurance should be purchased in the SMPH Office of Global Health.

H. Designate persons both at the elective site and in the U.S. who may be contacted in the event of an emergency.

I. Adhere to laws of the host country and comply with standards of conduct set by the program site.

J. Sign and submit the University of Wisconsin System Uniform Statement of Responsibility, Release, and Authorization to participate in study abroad and exchange programs.

K. All students must submit an evaluation of student academic performance during the global health field experience by the in-country supervisor.

I have read and understand the above goals and guidelines.

Student Signature ___________________________ Date ___________________________
Contact Information

Student Information

Name: ____________________________________________
Current Address: __________________________________
Phone: __________________________ Email: ________________
Birthdate: ___________ Campus ID #: ____________ Passport #: ____________
School: _________________________ Program: ________________
Elective Dates: ____________________________ Country: ________________

EMERGENCY CONTACTS

U.S. Contact

Name: ____________________________ Relationship: ______________________
Phone: (Cell) ________________ (Home) ________________ (Work) ________________
Address: ____________________________
Email: ____________________________

☐ I authorize the Office of Global Health to contact this person in the event of an emergency.

On-Site Contact

Organization and Supervisor: ____________________________
Address: ____________________________
Phone (required): ____________________________ Email: ____________________________

U.S. Embassy Contact: City and phone number of nearest in-country embassy/consulate
(To State Department Website for contact information http://www.usembassy.gov)

_________________________________________________________________________

If you experience difficulties during your elective away do not hesitate to contact the Office of Global Health (608) 262-3862. In an emergency, contact the U.S. Embassy and/or CISI (refer to your Emergency Contact and/or CISI card).

Pre- or post-elective travel plans (info required by CISI):
This form is to be completed prior to your travel. It is designed to 1) provide you with information about steps you can take to prepare for international travel and 2) help UW-Madison staff members be of maximum assistance during an emergency situation. Mild physical or psychological conditions may become more serious under the stresses of life while abroad. While it is important the program is aware of any medical or emotional conditions, past or current, which might affect you during your travel, the University is not responsible for assuring your medical well-being and safety while abroad. The information provided on this form will be shared only with appropriate persons and does not affect your admission into any program or scheduled travel.

Recommended steps to prepare for international travel:

1. Consult with your personal medical and/or mental health provider for pre-travel planning, especially if you have any ongoing conditions. Work with your provider to develop plans in the event any conditions worsen. Make arrangements for any prescription medications, medical supplies, and medical care you will need. A physical examination and clearance by a medical provider may be required by certain countries for entry into the country or to be granted a visa.

2. Visit a specialized travel medicine provider and receive required or recommended preventive immunizations and medications (such as malaria prophylaxis or for traveler’s diarrhea) for your area of travel. Make these arrangements as quickly as possible once travel is planned as many needed immunizations should be initiated several weeks before travel. In the event a travel health provider is unavailable, participants should seek travel advice from their personal health care provider.

3. Have recent dental check-up and address any potential problems.

4. Educate yourself about health and safety in your travel destination. Information is available through your program organizer or at http://www.studyabroad.wisc.edu/general.html and http://wwwnc.cdc.gov/travel/.

5. Be enrolled in Cultural Insurance Services International (CISI) Health Insurance as required by the Board of Regents for University of Wisconsin students studying/traveling abroad under a UW sponsored program. Students should also check with their personal health insurance provider for more information about obtaining needed prescriptions in advance, payment for travel vaccines and medications, and coverage while abroad. More information is available at https://businessservices.wisc.edu/managing-risk/insurance-programs/risk-management-while-traveling/.

6. **Complete and return the UW-Madison Health Information Form.** The ability of UW-Madison program organizers to assist you in case of an emergency may be compromised if you do not report a medical or mental health condition during the planning process.

If you have any concerns about the specific health and safety risks you may encounter while abroad, contact your program organizers as soon as possible. They will direct you to more specific sources of information about which local support services you can reasonably expect to find while out of the country. Some study abroad sites may not be able to accommodate all reported individual needs or circumstances.
NAME ________________________________ BIRTHDATE ___________ GENDER ________

STUDENT ID ___________________________ E-MAIL ____________________________

PROGRAM _____________________________ DATES ________________________________

1. Do you have a current or past medical problem in the following areas?  
   - Severe Allergic Reaction
   - Anxiety
   - Asthma
   - Arthritis
   - High Blood Pressure
   - Bleeding or other blood disease
   - Chronic use of blood thinning medication
   - Depression
   - Diabetes
   - Eating disorder
   - Severe or disabling headaches
   - Gastrointestinal disease
   - Abnormal Heart Rhythm
   - Heart problems
   - Weakened Immune System
   - History of kidney stones
   - Decreased kidney function
   - Current pregnancy
   - Seizures
   - Thyroid problems
   - Special dietary needs (gluten-free, dairy-free, vegetarian, vegan)
   - Exercise or movement limitations
   - Hearing Impairment
   - Visual Impairment
   - Other mental health conditions
   - Any other medical condition for which you take medication regularly or are/were under regular care. Please describe.

2. If you have answered yes to any of the areas above, please explain. Describe any ongoing treatment, limitations/restrictions or emergency actions which will/may be required during your travel.

3. Please list any medications you are currently taking or will be bringing with you during travel.

4. Please list any allergies to medicine, foods, insects or environmental materials such as pollen or latex.

5. Please indicate what health preparations you have completed or are planning to receive for your trip as appropriate.
   - Travel medicine clinic visit
   - Personal health care provider visit
   - Prescription for malaria prophylaxis
   - Prescription for traveler's diarrhea
   - Other preventive medications

6. Is there any additional information you would like your program organizers to be aware of while you are abroad? (If yes, please explain)

I certify that all responses on this form are true and accurate, and complete. I will notify my program organizers of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant ________________________________ Date ________________, 20____
Study Abroad Health Insurance Application  
Cultural Insurance Services International (CISI)  
Policy #19 STB009987906/ #19 EQX2018005-UWISC

Participant Name: ____________________________________________  
First                                               MI                   Last

Email: ______________________________________________________

UW School or Program:  UW-Madison SMPH Office of Global Health

Date of Birth:  _________________

Gender:  ____M   ____F

Country of destination:  ____________________________

Site name:  _________________________

Site phone number (or number where you can be reached): ________________

Additional cities/towns to be visited (overnight):___________________________

Date of Departure:  _________________________

Date of Return:  _________________________

In order to enroll, please submit this completed form, along with the current premium.  
Count departure and arrival days (touch down in U.S.) to determine correct premium rate.  
The one week rate is for a program of 1-8 days and is $10.00.  
The two week rate is for a program of 9-15 days and is $18.00.  
The three week rate is for a program of 16-22 days and is $26.00.  
For programs of greater than 22 days please use the monthly rate of $35.00 times the number of months needed.  Weekly rates cannot be applied to programs longer than 22 days.  

* Payment for entire trip must be made prior to departure.  We do not accept cash, credit or debit cards. CHECK OR MONEY ORDER ONLY.  Please make checks payable to the UW Board of Regents.

Please submit your application and premium to the SMPH Office of Global Health (1191F HS LC, 750 Highland Ave. 53705).  We will need to have your flight itinerary on file in order to enroll you in CISI.

We ask that forms be in our office at least 8+ weeks prior to departure.
I hereby indicate my desire to participate in a study abroad/exchange program in 
________________________, sponsored by the University of Wisconsin-Madison during the period of ____________ to __________. My participation in this program is completely voluntary.

If and/or when I am offered and accept a place in the University's program, I:

1. assume full legal and financial responsibility for my participation in the program.

2. will be responsible for full program costs (whether already paid or not) as stated in the withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for any reason once the program has commenced, unless otherwise stated in the program refund policy.

3. grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf and at my expense and returning me to the United States at my own expense for medical treatment or in case of an emergency.

4. realize that accident and health insurance, as well as insurance for medical evacuation and repatriation, which are applicable inside and outside of the United States is required for my participation in the program. While my fee for the program includes limited accident and health insurance as well as limited insurance for medical evacuation for the duration of the program while I am overseas, I acknowledge that I am ultimately responsible for obtaining insurance sufficient for my needs while overseas and for treatment in the event I return to the US for medical treatment during or after the program. I understand that the University encourages me to have appropriate insurance coverage for the entire time I am abroad.

5. agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University, any sponsoring institution and/or foreign affiliates, as well as program requirements, to insure the best interest, harmony, comfort and welfare of the program.

6. accept termination of my participation in the program by the University with no refund of fees and accept responsibility for transportation costs home if I fail to maintain acceptable standards of conduct as established by the University, the sponsoring institution and/or foreign affiliates.
7. understand that the University reserves the right to make changes to the program at any time and for any reason, with or without notice, and that the University shall not be liable for any loss whatsoever to program participants as a result of such changes.

8. agree voluntarily and without reservation to indemnify and hold harmless the University, Board of Regents of the University of Wisconsin System (Board of Regents) and their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney's fees) which do not arise out of the negligent acts or omission of an officer, employee, and agent of the University and/or Board of Regents while acting within the scope of their employment or agency, as a result of my participation in the program, including any travel incident thereto.

9. understand that, although the university has made every reasonable effort to assure your safety while participating in this study abroad program, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or on campus. Those risks include, but may not be limited to:
   • traveling to and within, and returning from, one or more foreign countries;
   • foreign political, legal, social and economic conditions;
   • different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
   • local medical and emergency services;
   • local weather and environmental conditions.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

<table>
<thead>
<tr>
<th>Participant’s Signature</th>
<th>Date</th>
<th>Signature of Parent or Guardian</th>
<th>Date</th>
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<td></td>
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<td>(if participant is less than 18 years of age)</td>
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<td>ID Number</td>
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Participant’s Name (please print)
Financial Aid Budget (submit only if requesting additional financial aid; only available to PA and MD students)

Student Name: ________________________________________________________________

Campus ID #: ________________________________________________________________

Dates of Elective/Global Health Field Experience: _________________________________

Country and Site: ______________________________________________________________

Estimated Budget:

Airfare and In-country transportation: ________________

Tuition or Program Fees: ________________

Housing: ________________

Required UW-System Medical/Evacuation Insurance: ________________

Immunizations: ________________

Other in-country living expenses: ________________

TOTAL REQUESTED (up to full amount): ________________

• Please return at least eight weeks prior to your elective to Betsy Teigland, SMPH Office of Global Health, 1191F HSCL, 750 Highland Ave., Madison, WI 53705.

• This information will be forwarded to Emma Crawford, Office of Student Financial Aid, once your elective has been approved.

• Students should contact Emma Crawford directly (emma.crawford@wisc.edu) to make arrangements to receive financial aid.

For office use only:

☐ Approved, SMPH Office of Global Health Director

__________________________________________  ______________________________________
Signature                                      Date

☐ Scanned to Emma Crawford
Student Name: ________________________________
Field site location: ________________________________
Dates of participation at the field site  From: _______ To: _______
Preceptor Name: _______________________________

**PRECEPTOR’S ASSESSMENT OF STUDENT’S ABILITIES**

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<tr>
<th></th>
<th>Not Observed</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
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<tbody>
<tr>
<td><strong>Cultural Skills</strong></td>
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<td>Respects and recognizes cultural differences</td>
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<td>Flexibility in cross cultural interactions</td>
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<td>Cultural humility</td>
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<td><strong>Professionalism</strong></td>
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<tr>
<td>Interactions with co-workers</td>
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<tr>
<td>Interactions with clients, patients and/or community members</td>
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<td>Communication skills, including active listening</td>
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<td><strong>Work Habits</strong></td>
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<tr>
<td>Reliability</td>
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<td>Initiative</td>
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<td>Effectiveness</td>
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<tr>
<td><strong>Knowledge</strong></td>
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<td>General knowledge of the topics/disciplines involved</td>
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<tr>
<td>Awareness and openness to new pertinent information</td>
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**OVERALL ASSESSMENT**
Assessment of student’s strengths and weaknesses: (Please use the reverse and/or additional sheets of paper as needed.)

Other suggestions or comments for student: (Please use the reverse and/or additional sheets of paper as needed.)

Signature of the Preceptor: ___________________________ Date: _______________
Student’s Evaluation of Field Experience Site  
UW-Madison School of Medicine and Public Health Office of Global Health

Student Name: ______________________________________________

Dates of the Field Experience____________________________________

UW-Madison Faculty Advisor: _____________________________________________________

Field Preceptor: __________________________________________________________

Field Site Name: __________________________________________________________

Field Site Address: _______________________________________________________

Field Site Contact Person: _________________________________________________

E-mail: _____________________________ Phone: ________________________

Please rate your site using the following scale: *(circle your chosen response number)*

5-Very Satisfied; 4-Satisfied; 3-Neither Satisfied nor Dissatisfied; 2- Dissatisfied; 1-Very Dissatisfied

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<th>NA</th>
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<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Initial Introduction and Orientation</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Adequate supervision by supervisor</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Work environment</td>
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<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Site maintains quality standards</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>My sense of personal safety at the site</td>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Transportation Access and Convenience</td>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Housing Adequacy</td>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Housing Affordability</td>
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<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>Site’s ability to offer meaningful work related to Field Experience Objectives</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>NA</td>
<td>My overall rating of this site</td>
</tr>
</tbody>
</table>
Briefly explain some of the positive aspects of this site for your field experience: *(Please use the reverse and/or additional sheets of paper as needed.)*


Briefly explain some of the challenges you see this site facing as related to hosting students in the future. This might include issues such as access to safe and appropriate water and foods, toilet and bathing facilities, language use/access to translators as needed, or anything else that will help inform future student decisions on this field site. *(Please use the reverse and/or additional sheets of paper as needed.)*


Would you recommend this site for other students? Why or why not? *(Please use the reverse and/or additional sheets of paper as needed.)*


Other comments? *(Please use the reverse and/or additional sheets of paper as needed.)*


Signature: ___________________________________________ Date: ______________________