**The University of Toledo College of Medicine and Life Sciences’  Global Health Resident Form 1: Request for Global Health Rotation/Medical Mission**

To be completed by residents requesting a Global Health rotation at an approved Global Health site.[[1]](#footnote-1)

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Rocket Number:R **\_ \_ \_ \_ \_ \_ \_ \_**

UT College of Medicine and Life Sciences Residency Program: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** PGY: \_\_\_\_\_

Preferred email and local address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_ \_ \_ - \_ \_ \_ - \_ \_ \_ \_

**Please list your GH location preference in order of importance (e.g., 1 being your first preference and 3 being your last preference).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Global Health rotation/medical mission location: | | Please check appropriate box below. | | Rotation dates: |
| Rotation | Medical Mission |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

UTCOMLS Faculty Supervisor you are working with[[2]](#footnote-2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Are you travelling with a group? If so, please list the names of your group members. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I wish to participate in an approved Global Health rotation/medical mission.
* I will complete all UTCOMLS Global Health Resident Forms and any other documentation the Global Health Program requires.
* I agree to the Departmental budget that has been allotted for this rotation/medical mission.
* I give The University of Toledo permission to email all general rotation information to our travel group; therefore, sharing my personal contact information.
* I will return all completed Global Health Resident Forms to Lauren Monus, Emergency Medicine Residency and Curriculum Coordinator.
* I will contact Dr. Brickman to schedule a mandatory pre-departure orientation prior to my departure.

**Resident Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. If the Global Health Program does not receive this request at least 4 months prior to your desired departure date, your request may be denied. [↑](#footnote-ref-1)
2. If you are requesting an approved international Global Health rotation sponsored by the Global Health Program, your faculty supervisor will be Dr. Kris Brickman unless you are participating in one of our approved, recurring medical missions in which you would list the UTCOMLS Medical Mission Faculty Leader. [↑](#footnote-ref-2)