To be completed by residents requesting participation in Global Health Program rotation/medical mission at an approved Global Health site.[[1]](#footnote-1)

Name:

Rocket Number:

UT College of Medicine and Life Sciences’ Residency Program:PGY:

Preferred email:

Local address:

Phone number:

**Please list your Global Health Program participation below.**

|  |  |  |
| --- | --- | --- |
| Global Health Program rotation/medical mission location: | UTCOMLS’ Faculty Leader | Rotation/mission dates |
|  |  |  |

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 Program rotation/medical mission.
* I am in Good Academic Standing within my Residency Program as witnessed by my Program Director’s signature (below).

**Program Director’s Signature**: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_

* 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 my Residency and Curriculum Coordinator and Deb Krohn, Global Health Program Advisor, prior to my departure for record-keeping purposes.
* I will contact my UTCOMLS’ Faculty Leader 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)