**Resident Name/Rocket Number:**

**Global Health Program Site/Location and/or Medical Mission:**

**Dates of Travel[[1]](#footnote-1):**

**Current Address:**

**Cell Phone Number:**

**Preferred Email Address[[2]](#footnote-2):**

**Arrival Itinerary**

**Please email Deborah Krohn, UTCOMLS’ Global Health Program Advisor, all arrival itineraries throughout your travels domestically and abroad so she can track your arrival. IF YOU EMAIL ME YOUR ARRIVAL/DEPARTURE ITINERARIES, SIMPLY STATE EMAILED TO DEBORAH KROHN WITH DATE NEXT TO FLIGHTS BELOW.**

Departure date from U.S.:

Please list all departure flights in order of departure. Be sure to include the following information: flight date, departure time, airline carrier, and flight number.

Flight 1:

Flight 2:

Flight 3:

Flight 4:

Date, local time, and airport of arrival at final destination:

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**Contact information of specific Global Health Program site coordinators and local emergency contacts will be emailed to you by Deborah Krohn prior to your departure. The Global Health Program strongly recommends adding all emergency contacts into your contacts before you depart.**

**Your On-Site Address:**

**Your Itineraries Abroad**

Dates of any planned trips before, during, or after your approved Global Health Program rotation/mission. Please email all electronic itineraries to Deborah Krohn (deborah.krohn@utoledo.edu).

**Departure Itinerary**

**Please include all departure itineraries throughout your travels abroad and domestically. Please email your electronic itineraries to Deborah Krohn (****deborah.krohn@utoledo.edu****). . IF YOU EMAIL ME YOUR ARRIVAL/DEPARTURE ITINERARIES, SIMPLY STATE EMAILED TO DEBORAH KROHN WITH DATE NEXT TO FLIGHTS BELOW.**

Departure date from international destination:

Please list all departure flights in order of departure. Be sure to include the following information: flight date, departure time, airline carrier, and flight number.

Flight 1:

Flight 2:

Flight 3:

Flight 4:

Date, local time, and airport of arrival at final US destination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UT Global Health Program Emergency Contact Information:**

Deborah Michelle Krohn, M.Ed.

Title: Global Health Program Advisor

Campus: Main Campus

Email: deborah.krohn@utoledo.edu

Office: Stranahan Hall, Room 1022A

Office phone: 419.530.2549

*Cell phone will be distributed at Global Health pre-departure orientation.*

Fax: 419.383.3357

Mail Stop: 103

Kristopher R. Brickman, M.D.

Title: Senior Associate Dean for Innovation and Simulation, Director – Global Health Program, and Professor – Department of Emergency Medicine

Campus: HSC

Email: [Kris.Brickman@utoledo.edu](http://www.utoledo.edu/eDirectory/DirectoryResults.aspx?txtFirstName=&txtLastName=brickman&txtDept=)

Office: CCE 3100

Office phone: 419.383.6383

*Cell phone will be distributed at Global Health pre-departure orientation.*

Mail Stop: 1028

Ms. Lisa Boltz (Dr. Brickman’s Administrative Assistant)

Title: Secretary 2

Campus: HSC

Email: Lisa.Boltz@utoledo.edu

Office: CCE 3100

Phone: 419.383.6383

Fax: 419.383.3357

Mail Stop: 1028

**Your First U.S. Personal Emergency Contact:**

Name:

Your relationship to this person:

Emergency contact’s address:

All emergency contact’s phone numbers (home, office, cell, and fax):

Emergency contact’s email address:

**Your Second U.S. Personal Emergency Contact:**

Name:

Your relationship to this person:

Emergency contact’s address:

All emergency contact’s phone numbers (home, office, cell, and fax):

Emergency contact’s email address:

**Your Next of Kin (e.g., parent/guardian or spouse/partner):**

Name:

Your relationship to this person:

Emergency contact’s address:

All emergency contact’s phone numbers (home, office, cell, and fax):

Emergency contact’s email address:

In the event of an emergency, The University of Toledo has my permission to contact my emergency contacts listed above.

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 Print Name Signature Date

***We strongly recommend that you give a copy of this form (as well as your passport/visa) to your emergency contacts and your next of kin to facilitate both regular and urgent communications during your Global Health experience. We also strongly recommend that you carry a copy of this information with you as you travel.***

1. Please list all travels/itineraries intended throughout your Global Health Program rotation/mission. [↑](#footnote-ref-1)
2. Please use only one email address to correspond with the UTCOMLS’ Global Health Program. Please note that any legal documentation requires you to use your UT email address; no exceptions. [↑](#footnote-ref-2)