

International Travel Verification Form

When applying for approval, students must demonstrate adequate support and preparation for the proposed activity.

Part A: To be completed by student

Please provide evidence of the following:

1. List what you have done to ensure you are prepared to adjust culturally, personally and professionally to a new **cultural** context.

2. List what you have done to ensure you are prepared to adjust culturally, personally and professionally to a new **medical** context.

3. Describe the support system you have in place should a crisis be experienced abroad.

4. Name and contact information (address, phone, and e-mail address) for the person who will assist should you experience a crisis.

Name: _____

Address: _____

Phone: _____

E-mail: _____

5. Describe your housing and local transportation arrangements.

6. Have you...

- | | | |
|---|-----|----|
| a. Reviewed the AAMC Guidelines for providing care abroad?
https://www.aamc.org/download/181690/data/guidelinesforstudentsprovidingpatientcare.pdf | Yes | No |
| b. Explored all visa entry requirements for the host country? | Yes | No |
| c. Completed IU paperwork (emergency contact and waiver and release forms)? | Yes | No |
| d. Reviewed pre-departure information by Office of International Affairs? http://abroad.iupui.edu | Yes | No |

By my signature, I verify that the above responses are correct:

Student Name (Printed)

Signature

Date

Part B: To be completed by IUSM Director of Medical Student Records

Please initial to verify completion:

Insurance Coverage

_____ Insurance covers medical, medical evacuation, and repatriation expenses abroad
Professional liability coverage (or equivalent) where required or appropriate

Safety/Security/Health

_____ Reviewed US Department of State country specific information for countries traveling http://travel.state.gov/travel/travel_1744.html and all countries anticipated to be visited are not under any US Department of State travel restrictions or warnings.

_____ Student has registered with US Embassy through Smart Traveler Enrollment Program (if US citizen) <https://travelregistration.state.gov/ibrs/ui/>

_____ Student has reviewed Centers for Disease Control recommendations for travel <http://wwwnc.cdc.gov/travel/destinations/list.aspx>

IUSM Director of Medical Student Records _____ Date _____

Approved by IUSM Associate Dean for MSA _____ Date _____

Approved by IUSM Associate Dean for UME _____ Date _____