



GLOBAL HEALTH ELECTIVE REQUEST FORM FOR RESIDENTS David Geffen School of Medicine at UCLA

INFORMATION FOR APPLICANTS:

All applications for Global Health Electives must be approved by your Program Director and by your Department Chair. All applications must then be submitted to the Graduate Medical Education Office for review and approval. Please note that proposed experiences abroad must be consistent with regulations that may be mandated by the Residency Review Committee for your specialty. Please submit all application materials **4 MONTHS PRIOR** to the start of the requested rotation.

A. Applications for international rotations must include the following:

- 1) Attestation by your Program Director or Faculty Mentor that the rotation has strong educational value with appropriate supervision.
- 2) A copy of the curriculum, with ACGME competency-based goals and objectives, must be included or attached to your application.
- 3) A description of your responsibilities on the rotation, both related to direct patient care, and otherwise, must be included in your application.

B. A Program Letter of Agreement (PLA) may be required between UCLA and the international partner institution, to include the following:

- 1) The international partner program or institution accepts responsibility for resident training, supervision, evaluation, and meeting ACGME regulations on resident duty hours.
- 2) The supervising physician at the partner institution must have education, skills and experience to provide appropriate supervision, with familiarity of the approved goals and objectives of the rotation.
- 3) Salary and benefits, if paid by UCLA, must be approved by GME Office.

C. After the rotation:

Each resident must provide his or her Program Director with a minimum of one evaluation at the end of the rotation. This must address the extent to which the resident has successfully met the competency-based goals and objectives of the rotation.

INSTRUCTIONS FOR SUBMISSION:



- Prior to submitting this application, please familiarize yourself with the information posted on the UCLA Global Health Program website at:
https://opencms.ctrl.ucla.edu/global_health/pages/fellows.
- In order for the Senior Associate Dean of Graduate Medical Education to grant approval for this rotation, the following documents must be submitted together:
 1. **Your completed International Rotation Application, with Program Director and Chair approval.**
 2. **A signed Code of Conduct, which may be found on the GME website, and at the above link**
 3. **A completed Health and Safety Quiz, which may be found on the GME website and at the above link, after reviewing the Health and Safety video at the above link.**
- Global Health Elective Applications submitted without these accompanying documents **will not** be considered for approval.

AFTER YOUR ROTATION IS APPROVED, CLOSER TO YOUR DEPARTURE DATE:

- Please re-familiarize yourself with your **signed Code of Conduct to be sure that you fulfill all of the requirements for participating in this experience.**
- **Please confirm with your Program Director that you have fulfilled all of the requirements as outlined in the Code of Conduct**
- Please also re-familiarize yourself with the information posted on the UCLA Global Health Program website at: https://opencms.ctrl.ucla.edu/global_health/pages/fellows.



International Rotation Application

Name of the applicant:	
Residency Training Program:	
Year in training program:	
International rotation destination (hospital/clinic, state/province, country):	
State Department's safety category for American visitors:	
Supervising physician & title:	
Dates of rotation:	
How will you be accessible by phone/email? Please list contact information.	
Emergency Contact information in the States (name, relationship, telephone, email):	



For each of the following sections, please expand as needed beyond the allotted space below:

Please summarize the purpose of your rotation, including your role as a physician. Please also highlight your anticipated humanitarian and educational contributions during this trip:

How will this improve your training as a physician?

Goals and objectives (by ACGME competencies)

Patient Care

Medical Knowledge

Interpersonal and Communication Skills

Systems-based Practice

Practice-based Learning and Improvement

Professionalism

Core lecture series topics:

List of core responsibilities (Clinic/Hospital/Education):

Program Director Name/Date: _____

Program Director Signature: _____

Dept. Chair Name/Date: _____

Dept. Chair Signature: _____

Chair, GMEC Signature/Date: _____