

Request for International Rotation

Program Name:

Program Director:

Program Coordinator:

Department Chair:

Specialty Program Director (if applicable):

Requested Rotation Dates:

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

Department Chair Signature/Date:

International Rotations will not be considered until the DIO has given approval and all paperwork has been processed. No resident or fellow should be hired or promised a position for international rotations until approval has been given by the DIO.

Please address all the requirements on the next page in your request. Send completed requests to Dr. Benjamin Clyburn, DIO (c/o GME Office, room 202 MUH, MSC 333) at least six months prior to the desired rotation.

FOR GME OFFICE USE ONLY:

Date Received: _____

Approved by the DIO: _____

Request for International Rotation

Rationale, Impact and Financing for International Rotation

1. Complete a Non-MUSC Rotation Funding Approval Form and submit to the GME Office. If the department (or other resource) is covering all expenses (salary, fringe benefits, etc.) for your resident, a letter is needed from your Chair stating so.
2. Provide goals and Objectives for this international rotation.
3. You will need to provide documentation that either: a.) there is no need for malpractice coverage or b.) malpractice coverage will be covered by the host facility or some other entity - The name of the provider would need to be stated. Both documents would need to have the appropriate signatures. Per Risk Management, MUSC will NOT provide malpractice coverage for residents who do clinical rotations outside of the U.S. (excluding Canada).
4. If your residents are planning to receive credit for this international rotation, we will also need documentation from your RRC and/or Board to verify this rotation is approved as part of your residency requirements.

Resident Guidelines for Resident International Electives and Experiences

Each year a number of residents participate in activities outside the United States through electives and independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to residents for which they may not be prepared. These include unfamiliar cultures and languages, political instability, and infectious diseases and other health hazards that are uncommon in the United States.

To assist residents preparing for these eventualities, the GME Office requires that all residents enrolled in a credit-bearing elective with an international component perform the following prior to departure from the United States:

1. Gather information concerning any political problems or health hazards which may place them at risk by consulting the State Department (202/647-5225 or <http://travel.state.gov> and the Centers for Disease Control (404/639-3311 or www.cdc.gov/travel) for current information.
2. At least four weeks prior to departure, obtain medical travel advice and immunizations appropriate for the country to which travel is planned. We encourage you to make an appointment with the MUSC travel clinic (792-4542) or a private travel clinic or health department, particularly if you are traveling to developing countries. Please note that the Charleston County Health Department no longer provides travel medicine services.
3. Obtain medical and accident insurance that includes provisions for emergency evacuation to a United States medical facility.
4. Designate persons both in the foreign country and in the United States who may be contacted in the event of an emergency.
5. In addition, competency or training in the local language is strongly encouraged.

Completion of these steps is the responsibility of the individual residents and not the GME Office. The GME Office, which grants approval of credit-bearing international electives, is available to assist residents who are preparing for overseas travel.

*I have read and understand the above guidelines. I further understand that the decision whether to undertake study abroad is mine alone, and that the MUSC GME Office or Department of **NAME HERE** bears no responsibility for any health or safety risks presented by such electives.*

Intended Travel Location (including organization/clinic name): _____

Dates of Travel: _____

Signature of Resident

Date