Independent Study Packet

Name of Participant

Please turn in this checklist and all required documents to the Global Health Institute (GHI) office, 4256 HSLC, at least eight weeks prior to departure. Please note that all UW-System students studying abroad are required to have Cultural Insurance Services International (CISI) insurance. This can be purchased from Betsy Teigland in the GHI office. For medical students who would like to increase their student loans to cover field study, please include the Financial Aid form. Please note: Medical students are responsible to contact Amy Whitford (262-3060) to make arrangements to receive financial aid.

Visit the State Department [www.travel.state.gov/travel](http://www.travel.state.gov/travel) and CDC [www.cdc.gov/travel](http://www.cdc.gov/travel) websites for updates on the country where you will be traveling. If your site is in a country on the State Department Warning List, please contact the Global Health Institute as soon as possible. This requires a special approval process, and the required documents must be submitted 4 months prior to anticipated departure. (Please see our website for more information: [http://ghi.wisc.edu/independent-field-study/](http://ghi.wisc.edu/independent-field-study/).)

**PRE-TRIP CHECKLIST**

__Work with faculty advisor to register for 699 course (Note: faculty should specify department, number of credits, term, and student ID number)

*Submit hard copies to Global Health Institute:*

**Application:**
__ Approval Form
__ Student Agreement Form
__ CDC & US State Dept. website review
__ Approval Letter from Site (unless waived by faculty advisor)

**Travel Forms (after approved):**
__ Contact Information*
__ CISI (REQUIRED by the UW-System)*
__ Health Self-Assessment
__ Statement of Responsibility
__ Copy of airline itinerary
__ Copy of passport photo/signature page
__ Financial Aid (option for eligible med students only)

*Students will receive an Emergency Contact card and a CISI insurance card; these must be carried throughout the clerkship. In addition, nametags showing UW affiliation will be provided and should be worn at all times while working.
Name of Participant

POST-TRIP CHECKLIST

In order to receive credit for this experience, you must submit the following Global Health learning portfolio upon return:

Submit as indicated:

__ Student’s evaluation of the site (med students submit on OASIS)
__ Evaluation of the student completed by site director (submit original document to the Global Health Institute)

Submit to faculty advisor as instructed:

__ Academic paper
__ Reflection essay
Global Health Institute
Independent Study/Certificate Field Experience
Approval Form

This form must be submitted at least 8 weeks prior to start of a Global Health elective. Please attach: 1) your field experience proposal signed by the faculty of record for your independent study credit, 2) letter of verification from the site (dates/location/name of supervisor/key activities) and 3) the signed Student Agreement form. Return or email to Betsy Teigland, teigland@wisc.edu, Global Health Institute, Room 4256, Health Sciences Learning Center, 750 Highland Ave., Madison, WI 53705.

Date Submitted: ______________________

Student Information

Name: ________________________________ ID Number: _______________________
Telephone: ___________________________ Pager Number: _______________________
Email Address: _________________________

Elective Site Information

Country: ______________________________ City: _______________________________  
Hospital, Clinic or Organization: _______________________________  
Department (if applicable): _______________________________  
In-country Supervisor: _______________________________  
Site Contact Person (if different from supervisor): _______________________________  
Address: _______________________________  
Telephone: _______________________________  
FAX: _______________________________ E-mail (if available): _______________________________  
Is this country on the State Department warning list (www.travel.state.gov/travel)? _______________

Course Information

Dates of Elective: _______________________________  
Dates of Travel: _______________________________  
Discipline or Department of Elective and course number (e.g. Fam Med 699, Med Sci 699): _______________________
UW faculty advisor(s) for this elective (required): _______________________________  
Credits: _______ Semester: _______________________________  

GHI Associate Director Approval

Signature: _______________________________ Date: _______________________________
Contact Information

Student Information
Name: ________________________________

Last       First        MI

Birthdate: ___________  Student ID #: ___________  Passport #: ___________

School: ______________________________  Program: ______________________________

Elective Dates: ______________________________  Country: ______________________________

Current Address: ______________________________

Phone: ______________________________ Email: ______________________________

☐ I have purchased a CISI medical evacuation insurance policy.

EMERGENCY CONTACTS

U.S. Contact
Name: ______________________________  Relationship: ______________________________

Phone #: (Work) ___________  (Home) ___________  (Cell) ______________________________

Address: ______________________________

☐ I authorize the Global Health Institute to contact this person in the event of an emergency.

Elective Site Contact
Organization and Supervisor: ______________________________

Address: ______________________________

Phone/Fax: ______________________________

US Embassy Contact  (Go to State Department Website for contact information http://travel.state.gov)

_________________________________________ ____________________________

If you experience difficulties during your elective away do not hesitate to contact the Global Health Institute (608)262-3862. In an emergency, please refer to your Emergency Contact card, contact the US Embassy, and/or CISI.

Pre- or post- elective travel plans (optional):
HEALTH SELF-ASSESSMENT

This form is to be completed by the participant. The purpose of this form is to help GHI to be of maximum assistance to you should the need arise during your study abroad experience. Mild physical or psychological disorders can become serious under the stresses of life while studying abroad. It is important that the program be made aware of any medical or emotional problems, past or current, which might affect you in a foreign study context. We will direct you to more specific sources of information about support services you can reasonably expect to find on site. The information provided will be shared only with program staff, faculty, or university officials, as deemed necessary. Overseas sites may not be able to accommodate all reported individual needs or circumstances. If you do not report a medical condition, our ability to assist you in case of an emergency may be compromised.

This information does not affect your admission into the program.

NAME ___________________________ BIRTHDATE ___________ GENDER ________

PROGRAM ___________________________ TERM ___________________________

MEDICAL HISTORY

Yes ____  No____  1. Are you generally in good physical condition? (If no, please explain.)

Yes ____  No____  2. Have you ever been treated or are currently being treated for any psychological or emotional problems? (If yes, please explain.)

Yes ____  No____  3. Do you have any allergies? (If yes, please explain.)

Yes ____  No____  4. Are you taking any medications? (If yes, please explain.)

Yes ____  No____  5. Have you had any major injuries, diseases or ailments in the past five years? (If yes, please explain.)

Yes ____  No____  6. Is there any additional information (concerning medical conditions or physical disabilities) that would be helpful for the program to be aware of during your study abroad experience? (If yes, please explain on the back of this form.)

If you answered yes to any or all of No. 2 through No. 6 above, we strongly advise you to see your medical provider before your departure to discuss your plans to study abroad.

I certify that all responses on this Health Self-Assessment form are true and accurate, and I will notify the Global Health Institute of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant ___________________________ Date __________________
Study Abroad Health Insurance Application
Cultural Insurance Services International (CISI)
Policy # GLB 9133969

Participant Name: ____________________________

UW School or Program: _________________________

Date of Birth: ________________________________

Country: ______________________________________

Site name: ____________________________________

Date of Departure: _____________________________

Date of Return: _______________________________

In order to enroll, please submit this completed form, along with the current premium. The premium is $34.00 per month (weekly rates available as well as spouse, dependent, and family coverage). Payment for entire trip must be made prior to departure.

______  x $34.00 (or current premium) = $total premium.

*Payment due upon receipt. We do not accept cash, credit or debit cards. CHECK OR MONEY ORDER ONLY. Please make checks payable to the UW Board of Regents.

Please submit your application and premium to the Global Health Institute office (4256 HSLC, 750 Highland Ave., 53705). If we have your airline itinerary on file, we will issue an enrollment card at that time. If you prefer to have your card sent to you, please provide us with a mailing address:

Mailing address: street and number, city, state, zip

We ask that forms be in our office, at least 8 weeks prior to departure, especially if you are having us mail your card to you.

For more information about CISI insurance please go to:
http://www.bussvc.wisc.edu/risk_mgt/study_abroad.html
Student Agreement for UW Global Health

Independent Study Field Experiences

Goals
The UW-Madison Global Health Institute (GHI) is committed to preparing students for participation in global health electives. Goals of these electives include providing students with opportunities to:

- Actively participate in the health care system of another country
- Develop knowledge and respect for another culture, language and health practices
- Develop awareness of social, economic and political factors in health and disease
- Recognize, accept, and be able to work within the limits of available resources

Guidelines
While most global electives are uneventful, in some cases unforeseen challenges present themselves to students. These include problems related to unfamiliar cultures and languages, political and social instability, crime, infectious diseases, and other health hazards that may not be common in the US. To ensure that participants understand the risks involved in study abroad and to maximize the educational value of these experiences, UW-Madison requires that students enrolled in a credit-bearing elective outside the US comply with the following policies and procedures. Completion of these guidelines is the responsibility of the individual student and not the University of Wisconsin-Madison. The GHI office at 4256 HSLC is available to assist students with these steps.

A. Meet with the Global Health Institute faculty/staff to discuss educational objectives, review elective guidelines and application process, verify academic eligibility, obtain site information, and identify resources for advising and orientation. Students are expected to maintain contact with the office throughout the process of arranging a global health elective.

B. Gather information concerning any political problems, safety concerns, or health hazards by consulting the US State Department and Centers for Disease Control (CDC) websites (see front page of packet), and by consulting the sponsoring site. UW-Madison GHI travel warning policy does not recommend travel to countries on the US State Department Warning List, but will consider exemptions on a limited basis with at least 4 months lead-time. For more information go to [http://ghi.wisc.edu/independent-field-study/](http://ghi.wisc.edu/independent-field-study/).

C. Submit a letter from the in-country supervisor verifying the placement and confirming the dates of elective. Obtain elective course approval and complete registration.

D. Participate in a course or self-directed study for cultural orientation and preparation for the elective as directed by course instructor.

E. Obtain medical travel advice and immunizations appropriate for host country.

F. Investigate visa and other entrance requirements that may be enforced in the host country. Register with the US Embassy on the State Department website prior to departure.

G. Purchase **UW-System required** Cultural Insurance Services International (CISI) medical/evacuation insurance policy to cover the duration of the elective. This insurance can be purchased in the GHI office.

H. Designate persons both at the elective site and in the US who may be contacted in the event of an emergency.

I. Adhere to laws of the host country and comply with standards of conduct set by the program site.

J. Sign and submit the University of Wisconsin System Uniform Statement of Responsibility, Release, and Authorization to participate in study abroad and exchange programs.

K. **All students** must submit an evaluation of student academic performance during the global health field experience by the in-country supervisor.

*I have read and understand the above goals and guidelines.*

__________________________
Student Signature

__________________________
Date
UNIVERSITY OF WISCONSIN-MADISON
Statement of Responsibility, Release, Authorization and
Acknowledgement of Risks to participate in Study Abroad and
Exchange Programs
Revised February 2002

I hereby indicate my desire to participate in a study abroad/exchange program in
__________________________, sponsored by the University of Wisconsin-
Madison during the period of ____________ to ____________. My participation in this
program is completely voluntary.

If and/or when I am offered and accept a place in the University's program, I:

1. assume full legal and financial responsibility for my participation in the program.

2. will be responsible for full program costs (whether already paid or not) as stated in the
   withdrawal and refund schedule if I withdraw (or am required to withdraw) from the program for
   any reason once the program has commenced, unless otherwise stated in the program refund
   policy.

3. grant the University, its employees, agents and representatives the authority to act in any
   attempt to safeguard and preserve my health or safety during my participation in the program
   including authorizing medical treatment on my behalf and at my expense and returning me to
   the United States at my own expense for medical treatment or in case of an emergency.

4. realize that accident and health insurance, as well as insurance for medical evacuation and
   repatriation, which are applicable inside and outside of the United States is required for my
   participation in the program. While my fee for the program includes limited accident and health
   insurance as well as limited insurance for medical evacuation for the duration of the program
   while I am overseas, I acknowledge that I am ultimately responsible for obtaining insurance
   sufficient for my needs while overseas and for treatment in the event I return to the US for
   medical treatment during or after the program. I understand that the University encourages me
   to have appropriate insurance coverage for the entire time I am abroad.

5. agree to conform to all applicable policies, rules, regulations and standards of conduct as
   established by the University, any sponsoring institution and/or foreign affiliates, as well as
   program requirements, to insure the best interest, harmony, comfort and welfare of the
   program.

6. accept termination of my participation in the program by the University with no refund of fees
   and accept responsibility for transportation costs home if I fail to maintain acceptable
   standards of conduct as established by the University, the sponsoring institution and/or foreign
   affiliates.

7. understand that the University reserves the right to make changes to the program at any time
   and for any reason, with or without notice, and that the University shall not be liable for any
   loss whatsoever to program participants as a result of such changes.

8. agree voluntarily and without reservation to indemnify and hold harmless the University, Board
   of Regents of the University of Wisconsin System (Board of Regents) and their respective
   officers, employees, and agents from any and all liability, loss, damages, costs, or expenses
   (including attorney's fees) which do not arise out of the negligent acts or omission of an officer,
   employee, and agent of the University and/or Board of Regents while acting within the scope
   of their employment or agency, as a result of my participation in the program, including any
   travel incident thereto.
9. understand that, although the university has made every reasonable effort to assure your safety while participating in this study abroad program, there are unavoidable risks in travel and study overseas that may not ordinarily be encountered at home or on campus. Those risks include, but may not be limited to:

- traveling to and within, and returning from, one or more foreign countries;
- foreign political, legal, social and economic conditions;
- different standards of civil defense procedures, design, safety and maintenance of buildings, public places and conveyances;
- local medical and emergency services;
- local weather and environmental conditions.

I have read the foregoing entire document and have had the opportunity to ask questions about it. I hereby acknowledge that I understand it. Knowing the risks described, and in consideration of being permitted to participate in the program, I agree, on behalf of my family, heirs and personal representatives, to assume all the risks and responsibilities surrounding my participation in the program.

Participant’s Signature                Date               Signature of Parent or Guardian         Date
(if participant is less than 18 years of age)

Participant’s Name (please print)    ID Number
Financial Aid Budget

Student Name: 

Student ID #: 

Dates of Elective/Global Health Field Experience: 

Country and Site: 

Estimated Budget:

- Airfare and In-country transportation: 
- Tuition or Program Fees: 
- Housing: 
- Required UW-System Medical/Evacuation Insurance: 
- Immunizations: 
- Other in-country living expenses: 

TOTAL REQUESTED (up to full amount):

- Please return by mail or email at least eight weeks prior to your elective to Betsy Teigland, Global Health Institute, 4256 HSLC, 750 Highland Ave., Madison, WI 53705,

- This information will be forwarded to Amy Whitford, once your elective has been approved.

- Students should contact Amy Whitford directly (262-3060) to make arrangements to receive financial aid.

□ Approved, Global Health Institute

□ Scanned to Amy Whitford
B. Preceptor Evaluation Form  
Global Health Institute UW-Madison

Student Name: ________________________________  
Location: ________________________________  
Dates From: _______ To: _______  
Preceptor’s Name: ________________________________

### ASSESSMENT OF STUDENT’S ABILITIES

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Written assessment of student:

Other suggestions or comments for student: