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 and PA students who would like to increase their student loans to cover field study, please include the Financial Aid form. Please note: 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)

  **After reviewing CDC & US State Dept. website, submit hard copies to Global Health Institute:**

**Application:**
- Approval Form
- Student Agreement Form
- Approval Letter from Site

**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 SMPH students only)

*Students will receive an Emergency Contact card and a CISI insurance card; these must be carried at all times during the independent study. In addition, nametags showing UW affiliation will be provided and should be worn at all times while working.
POST-TRIP CHECKLIST

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

**Submit to Global Health Institute:**

___ Student’s evaluation of the site
___ Evaluation of the student completed by site director *(submit original document)*

Please note that Student Services has a separate Site Evaluation that is required for med students to be submitted on OASIS.

**Submit to faculty advisor as instructed:**

___ Academic paper*
___ Reflection essay*

*Certificate in Global Health students must also submit a copy to Global Health Institute.
Global Health Institute (GHI)  
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: (Cell) ___________ (Home) ___________ (Work) ___________

Address: ____________________________

Email: ____________________________

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

On-Site Contact
Organization and Supervisor: ____________________________

Address: ____________________________

Phone (required): ____________________________ Fax: ____________________________

Email: ____________________________

US Embassy Contact: City and phone number of nearest in-country embassy/consulate
(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 (refer to your Emergency Contact and/or CISI card).

Pre- or post- elective travel plans (optional):
This form is to be completed prior to your travel. It is designed to 1) provide you with information about steps you can take to prepare for international travel and 2) help UW-Madison staff members be of maximum assistance during an emergency situation. Mild physical or psychological conditions may become more serious under the stresses of life while abroad. While it is important the program is aware of any medical or emotional conditions, past or current, which might affect you during your travel, the University is not responsible for assuring your medical well-being and safety while abroad. The information provided on this form will be shared only with appropriate persons and does not affect your admission into any program or scheduled travel.

Recommended steps to prepare for international travel:

1. Consult with your personal medical and/or mental health provider for pre-travel planning, especially if you have any ongoing conditions. Work with your provider to develop plans in the event any conditions worsen. Make arrangements for any prescription medications, medical supplies, and medical care you will need. A physical examination and clearance by a medical provider may be required by certain countries for entry into the country or to be granted a visa.

2. Visit a specialized travel medicine provider and receive required or recommended preventive immunizations and medications (such as malaria prophylaxis or for traveler’s diarrhea) for your area of travel. Make these arrangements as quickly as possible once travel is planned as many needed immunizations should be initiated several weeks before travel. In the event a travel health provider is unavailable, participants should seek travel advice from their personal health care provider.

3. Have recent dental check-up and address any potential problems.

4. Educate yourself about health and safety in your travel destination. Information is available through your program organizer or at [http://www.studyabroad.wisc.edu/general.html](http://www.studyabroad.wisc.edu/general.html) and [http://wwwnc.cdc.gov/travel/](http://wwwnc.cdc.gov/travel/).

5. Be enrolled in Cultural Insurance Services International (CISI) Health Insurance as required by the Board of Regents for University of Wisconsin students studying/traveling abroad under a UW sponsored program. Students should also check with their personal health insurance provider for more information about obtaining needed prescriptions in advance, payment for travel vaccines and medications, and coverage while abroad. More information is available at [http://www.bussvc.wisc.edu/risk_mgt/study_abroad.html](http://www.bussvc.wisc.edu/risk_mgt/study_abroad.html).

6. **Complete and return the UW-Madison Health Information Form.** The ability of UW-Madison program organizers to assist you in case of an emergency may be compromised if you do not report a medical or mental health condition during the planning process.

If you have any concerns about the specific health and safety risks you may encounter while abroad, contact your program organizers as soon as possible. They will direct you to more specific sources of information about which local support services you can reasonably expect to find while out of the country. Some study abroad sites may not be able to accommodate all reported individual needs or circumstances.
1. Do you have a current or past medical problem in the following areas?

<table>
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<tr>
<th>Medicine Area</th>
<th>Description</th>
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<tr>
<td>Severe Allergic Reaction</td>
<td>Severe or disabling</td>
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<td>Anxiety</td>
<td>Headaches</td>
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<td>Asthma</td>
<td>Gastrointestinal disease</td>
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<tr>
<td>Arthritis</td>
<td>Abnormal Heart Rhythm</td>
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<td>High Blood Pressure</td>
<td>Heart problems</td>
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<td>Bleeding or other blood disease</td>
<td>Weakened immune</td>
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<td>Chronic use of blood thinning medication</td>
<td>History of kidney stones</td>
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<td>Depression</td>
<td>Decreased kidney function</td>
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<tr>
<td>Diabetes</td>
<td>Current pregnancy</td>
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<tr>
<td>Eating disorder</td>
<td>Thyroid problems</td>
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<tr>
<td>Severe or disabling headaches</td>
<td>Special dietary needs (gluten-free, dairy-free, vegetarian, vegan)</td>
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<tr>
<td>Gastrointestinal disease</td>
<td>Exercise or movement limitations</td>
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<tr>
<td>Abnormal Heart Rhythm</td>
<td>Hearing Impairment</td>
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<tr>
<td>Heart problems</td>
<td>Visual Impairment</td>
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<tr>
<td>Weakened immune</td>
<td>Other mental health conditions</td>
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<tr>
<td>History of kidney stones</td>
<td></td>
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<tr>
<td>Decreased kidney function</td>
<td></td>
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<tr>
<td>Current pregnancy</td>
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<tr>
<td>Thyroid problems</td>
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</tbody>
</table>

Any other medical condition for which you take medication regularly or are/were under regular care. Please describe.

2. If you have answered yes to any of the areas above, please explain. Describe any ongoing treatment, limitations/restrictions or emergency actions which will/may be required during your travel.

3. Please list any medications you are currently taking or will be bringing with you during travel.

4. Please list any allergies to medicine, foods, insects or environmental materials such as pollen or latex.

5. Please indicate what health preparations you have completed or are planning to receive for your trip as appropriate.

   ___ Travel medicine clinic visit
   ___ Personal health care provider visit
   ___ Prescription for malaria prophylaxis
   ___ Prescription for traveler’s diarrhea
   ___ Other preventive medications

6. Is there any additional information you would like your program organizers to be aware of while you are abroad? (If yes, please explain)

I certify that all responses on this form are true and accurate, and complete. I will notify my program organizers of any relevant changes in my health that occur prior to the start of the program.

Signature of Participant _____________________________ Date ___________ , 20___
Study Abroad Health Insurance Application
Cultural Insurance Services International (CISI)
Policy # STB 009987900

Participant Name: ____________________________________________
UW School or Program: UW-Madison Global Health Institute, SMPH

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 one week rate is for a program of 1-7 days and is $9.00. The two week rate is for a program of 8-14 days and is $17.00. The three week rate is for a program of 15-21 days and is $26.00. For programs of greater than 21 days please use the monthly rate of $34.00 times the number of months needed. Weekly rates cannot be applied to programs longer than 21 days. Spouse, dependent, and family coverage is also available.

*Payment for entire trip must be made prior to departure. 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 HSLS, 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:
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/.

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.

__________________________________________  ________________________________
Signature                                      Date                           Student
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. I 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.

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<tr>
<th>Participant’s Signature</th>
<th>Date</th>
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<tr>
<td>Signature of Parent or Guardian</td>
<td>Date</td>
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<td>(if participant is less than 18 years of age)</td>
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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 (GHI Associate Director Signature and Date)

__________________________________________  ______________________________
Signature                                          Date

□ 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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<th>Not Observed</th>
<th>Unacceptable</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Exceeds Expectations</th>
<th>Outstanding</th>
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<tr>
<td>Cultural Skills</td>
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<td>Respect &amp; Recognize Cultural Differences</td>
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<td>Flexibility in Cross Cultural settings</td>
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<td>Cultural Humility</td>
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<td>Professionalism</td>
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<td>Interactions with co-workers</td>
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<td>Interactions with clients, patients or community members</td>
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<td>Communication skills including active listening</td>
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<td>Work Habits</td>
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<td>Reliability</td>
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<td>Initiative</td>
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<td>General knowledge of discipline</td>
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<td>Awareness of other pertinent information</td>
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Written assessment of student:

Other suggestions or comments for student:
Student’s Evaluation of Field Experience Site  
Global Health Institute-UW Madison

Student’s Name: _______________________________  Date: ____________

UW Faculty Advisor: _______________________________  
Field Preceptor: _______________________________  
Field Site: _______________________________  
Field Site Address: _______________________________  
Contact Person: _______________________________  
E-mail: _______________________________  Phone: _______________________________

Please rate your site using the following scale:

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Briefly explain some of the positive aspects of this site.

Briefly explain some of the challenges you see this site facing.

Would you recommend this site for other students? Why or why not?

Other comments?