**USF Health Faculty-led Study Abroad Program Final Participant Form**

As required by the USF System International Travel Authority [**Policy #10-507**](http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-10-507.pdf), all USF Health students, and faculty/staff accompanying student(s) abroad, who are engaged in any university-related travel program, must register their travel with USF Health International. All participants traveling on a university-sponsored study abroad program must have signed approval by the respective college. This form will also aid the USF Health International office in monitoring required travel registration for all program participants.

Please submit the completed and **unsigned** form to [healthglobal@usf.edu](mailto:healthglobal@usf.edu) Signatures on this document do not constitute final travel approval.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Study Abroad Course Name and Number: | |  | | |
| Program Location(s):  (city & country) | |  | | |
| Name of Faculty Leader: | |  | | |
| Travel Program Start Date: (MM/DD/YYYY) | |  | | |
| Travel Program End Date: (MM/DD/YYYY) | |  | | |
| Will your program include clinical experiences? | | Yes  No | | |
| Total Number of Program Participants: | |  | | |
| Name of ALL Travel Participants:  (students, faculty, staff, and non-USF individual participating in travel experience)  Must include full name, title, college and student level  **Ex: John Doe, MCOM, MS2**  \*Attached additional document if necessary\* | |  | | |
| **Endorsement by:** | **Name** | | **Signature** | **Date** |
| Faculty Leader |  | |  |  |
| College’s International programs office:   * College of Medicine: Jayme Smith, BS [jaymesmith@usf.edu](mailto:jaymesmith@usf.edu) * College of Nursing: Jennifer Kue, PhD [jkue3@usf.edu](mailto:jkue3@usf.edu) * College of Public Health: Tricia Penniecook MD, MPH [tpenniec@usf.edu](mailto:tpenniec@usf.edu) * College of Pharmacy: John Clark, PharmD, MS, FASHP, FFSHP [jclark9@usf.edu](mailto:jclark9@usf.edu) |  | |  |  |
| **FOR INTERNAL USE ONLY:** | | | | |
| Final Approval by: | Name | | Signature | Date |
| Associate Vice President International, USF Health | Dr. Lynette Menezes | |  |  |
| ***for clinical experiences only- Acknowledged by:*** | | | | |
| USF Self-Insurance Program Director\*\* | Courtney Rice, Esq. | |  |  |

*\*\*Each USF student, resident and/or faculty member is provided professional liability coverage through the USF Self-Insurance Program in the amount of $200,000 per claim/$300,000 per occurrence (with any additional coverage, if desired, to be purchased by the individual).  Providers not employed by USF and students not enrolled in a USF Health Sciences Center college have no professional liability coverage under the USF Self-Insurance Program.  To enroll for this coverage, each participant must complete the appropriate form below:*

* Faculty form- [Authorization for Clinical Activity at Unaffiliated Institution](https://health.usf.edu/sip/coverage-protections)
* Resident Form- [Approval for Off-Site Rotations](https://health.usf.edu/sip/coverage-protections)
* Student enrollment- all student group participants will be enrolled as a group upon program leader submission of this Final Participant Form. Individual student group participants need not complete an individual enrollment form.

If you have any questions, please contact USF Health International at [healthglobal@usf.edu](mailto:healthglobal@usf.edu)