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**USF Health: Student Organization Final Participant Form**

While Student Organization Travel is not considered an officially USF sponsored trip, travel organized by a student organization is considered student-related travel and, 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 travelers are required to register their student-related travel by following the processes set forth by USF Health International.

*This form must be typed or completed on your computer and printed out for signatures in order to be processed.*

If you have any questions, contact the USF Health Travel Coordinator, Tina Huynh at hhuynh@health.usf.edu.

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| USF Student Org / Group Name: |  |
| Name of Faculty Advisor: |  |
| Name of Organization’s President: |  |
| Name(s) of Student/Faculty/Staff Trip Leader(s): |  |
| Travel Location(s):(city/country) |  |
| Travel Program Departure Date: (MM/DD/YYYY) |  |
| Travel Program Return Date: (MM/DD/YYYY) |  |
| Total Number of Program Participants: |  |
| Names of ALL travel Participants:(students, faculty, staff, and names of any non-usf individual participating in travel experience)Must include full name, title, college & student level**Ex: John Doe, MCOM, MS2***\* Attach additional form if necessary*  |  |

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| **Acknowledged by:**  | **Name** | **Signature**  | **Date** |
| Organization’s President: |  |  |  |
| Trip Leader(s): |  |  |  |
| Faculty Advisor: |  |  |  |
| Submit form to the USF Health International office: USF Health Travel Coordinator, Tina Huynh at hhuynh@health.usf.edu.  |
| *For internal use only:*

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| **Received by:** |
| College’s International programs office:College of Medicine: Linman LiCollege of Nursing: Stephen McGheeCollege of Pharmacy: Umesh JinwalCollege of Public Health: Jesse Casanova |  |  |  |
| USF Health International Travel Coordinator: | Tina Huynh, BS |  |  |

**Acknowledged by*- for clinical experiences only:***  |
| 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](http://health.usf.edu/facultyaffairs/Forms)
* Resident Form- [Approval for Off-Site Rotations](http://health.usf.edu/~/media/Files/Medicine/GME/forms-templates/Off-Site%20Rotation%20Form2017.ashx?la=en)
* 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.