USF Health- Student Individual Travel Approval Form

This document is an internal USF Health form to be electronically completed (not filled out by hand) for any USF Health student traveling on non-vacation, international individual travel. This form should be submitted via email to be reviewed prior to signatures by the student, faculty advisor/department chair, and College's Global Representative and the USF Health International Office (UHI).

Please submit the completed and unsigned form to <u>healthglobal@usf.edu</u> Signatures on this document does not constitute final travel approval.

USF Health Student Traveler Information					
Student Name:					
Student U#:					
Student Phone Number:					
Student USF Email:					
College, degree program, student level:	□ MCOM □ CON □ TCOP □ COPH Degree program: Year/level:				
Name of scholarly concentration:					
Faculty Advisor Name:					
Proposed International Program Information					
Program Location: (city/country)					
Host/Partner Institution Name(s) and Location(s):					
Program Term:	Fall Spring Summer				
Program Start and End Date: (MM/DD/YYYY)					
Program Type: (check all that apply)	 Community Service Project Clinical Elective/Observership Research Field Experience Conference/Seminar Independent Study Other (Please explain):				

What is the <u>U.S. Department of</u> <u>State</u> travel advisory level?	Level 1 Level 2 Level 3 Level 4			
	* Levels 3 and 4 will require a USF Global Risk Assessment Committee review			
Will you be participating in a clinical experience?	□Yes □No			
Will you require a VISA to enter the country of travel?	□Yes □ No			
Source(s) of Funding:				
Description of Program & Itinerary: (What is your purpose for travel? Describe your planned activities)				
Endorsement by:	Name	Signature	Date	
Student: **Each USF student engaging in approved clinical work is provided professional liability coverage through the USF Self-Insurance Program in the amount of \$200,000 per claim/\$300,000 per occurrence. Students can purchase additional professional liability coverage outside of USF if so desired. Any liability above the \$200,000/\$300,000 limits would be the student's liability if the student elects not to purchase additional coverage. Students not approved to engage in clinical experiences have no professional liability coverage under the USF Self-Insurance Program.				
Faculty Advisor/Department Chair:				

College's International		
programs office:		
College of Medicine: Jesse		
Casanova, <u>icasanov@usf.edu</u>		
Physician Assistant Program:		
Dr. Todd Wills, <u>twills@usf.edu</u>		
College of Nursing: Dr. Cheedy		
Jaja, <u>cheedyj@usf.edu</u>		
College of Public Health: Dr.		
Somer Burke, <u>sgoad@usf.edu</u>		
College of Pharmacy: Dr. John		
Clark, jclark9@usf.edu		
FOR INTERNAL USE ONLY:		

Final Approval by:	Name	Signature	Date
Assistant Vice President,			
International, USF Health			
Assistant Dean, USF Medicine	Lynette Menezes, PhD		
International	_,,,,,,,,,,		
Professor of Medicine			
for clinical experiences only- Acl	knowledged by:		
USF Self-Insurance Program			
Director**	Courtney Rice, Esq.		