



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](#), 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 Dinh at tinadinh@usf.edu

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 <i>* Attach additional form if necessary</i>	

Acknowledged by:	Name	Signature	Date
Organization's President(s):			
Trip Leader(s):			
Faculty Advisor(s):			

Submit form to the USF Health International office: USF Health Travel Coordinator, Tina Dinh at tinadinh@usf.edu

For internal use only:

Received by:

College's International programs office: College of Medicine: Linman Li College of Nursing: Elizabeth Jordan College of Pharmacy: Pooja Patel College of Public Health: Somer Burke			
USF Health International Travel Coordinator:			

Acknowledged by- for clinical experiences only:

USF Self-Insurance Program Director**	Courtney Rice, Esq.		
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***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](#)
- Resident Form- [Approval for Off-Site Rotations](#)
- 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.