



USF Health Faculty-led Study Abroad Program Participant Approval Form

As required by the USF System International Travel Authority [Policy #10-507](#), 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 travelling 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.

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

Study Abroad Program/Group Name:	
Program Location(s): (city/country)	
Name of Faculty Leader:	
Travel Program Departure Date: (MM/DD/YYYY)	
Travel Program Return Date: (MM/DD/YYYY)	
Will your program include clinical experiences:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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>	

Approval by:	Name	Signature	Date
Faculty Leader:			

Submit form to your College's International Programs office.

If you have any questions, please contact the USF Health Travel Coordinator, Tina Dinh at tinadinh@usf.edu

FOR INTERNAL USE ONLY:

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			
Assoc/Asst Dean International [College]			

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](#)
- 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.