

UNIVERSITY OF IOWA HOSPITALS AND CLINICS  
GRADUATE MEDICAL EDUCATION

**INTERNATIONAL ELECTIVE REQUEST FORM (IERF)**

<b>PROGRAM NAME:</b>		<b>PROGRAM DIRECTOR:</b>	
<b>HOUSE STAFF MEMBER'S NAME:</b>		<b>LEVEL OF TRAINING:</b>	
<b>REQUESTED ELECTIVE:</b> <input type="checkbox"/> Clinical Elective <input type="checkbox"/> Research Elective			
<b>DATES OF ELECTIVE:</b>	<b>FROM:</b>	<b>TO:</b>	
<b>IF VACATION IS PLANNED DURING EXPERIENCE PLEASE PROVIDE THE DATES OF THE VACATION:</b>			
<b>LOCATION OF INTERNATIONAL EXPERIENCE:</b> (Proposed rotations to a house staff member's home country will generally not be approved. Exceptions will be considered by the committee on an individual basis. If the applicant is traveling to his/her home country, provide a detailed explanation of how this rotation will benefit the applicant's professional education):			
<b>SUPERVISING PHYSICIAN AT THE INTERNATIONAL SITE</b> (to be responsible for supervision and evaluation of the house staff member):			
Name:			
Address:			
Phone:			
E-Mail:			
<b>EDUCATIONAL/PROJECT OBJECTIVES:</b>			
1.			
2.			
3.			

**DESCRIBE THE APPLICANT'S LONG-TERM EDUCATIONAL OBJECTIVES AND HOW THIS EXPERIENCE WILL HELP ACCOMPLISH THOSE OBJECTIVES:** (If this is a research elective, also describe why this research project could not be done at UIHC.)

**EDUCATIONAL METHODS:** (Briefly explain how time during the experience will be structured and how the educational objectives identified above, such as specific readings, conferences, supervised clinical experiences, research experiments, etc., will be achieved).

**FUNDING:** Describe how the applicant will pay for:

1) Travel to and from the international site:

2) Living expenses while at the international site:

3) Health insurance while traveling and living at the international site (house staff health insurance will also continue as per the house staff policy; however, it is strongly recommended that residents traveling outside of the country also purchase travel health insurance):

4) Malpractice insurance while away from UIHC, if available in the country of the experience (coverage by the Iowa State Tort Claims Act will not be available to the resident during an international clinical experience):

**PREPARATION:**

- A visit to the UIHC Travel Clinic is required prior to leaving. An email to the Chair of the International Health Elective Committee is required after visiting the UIHC Travel Clinic.
- The International Health Elective Committee can provide advice about international travel if the applicant desires. The applicant should notify the Chair of the International Health Elective Committee to take advantage of this advice.

**OUTPUT:**

1) Written evaluation by rotation supervisor at international site.

2) Written summary of the experience, documenting activities and accomplishments (must be completed within 2 months of returning).

3) For **Clinical Rotation Only**: Conference presentation to house staff (must be completed within 6 months of returning).

**By my signature below I agree to the following:** I, and my heirs, in consideration of my participation in the International Health Elective as described above, hereby release the Board of Regents of the University of Iowa, its officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. I am aware of the risks of participation in international travel, which could include (but are not limited to) personal injury and death. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this elective is strictly voluntary, and I have freely chosen to participate. I understand that the University of Iowa does not provide malpractice coverage for me.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Initials, Program Director**

\_\_\_\_\_  
**Date Initialed**

\_\_\_\_\_  
**Initials, Chair  
International Health  
Elective Committee**

\_\_\_\_\_  
**Date  
Approved**