

## Graduate Medical Education Away Rotation Application Form

Name: \_\_\_\_\_ Program: \_\_\_\_\_ PGY: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name) (Degree)

Medical School Attended/Country: \_\_\_\_\_  
(School Name) (Country)

Country of Origin (Citizenship): \_\_\_\_\_

Rotation Start Date: \_\_\_\_\_ Rotation End Date: \_\_\_\_\_

Preceptor's Name at the Away Rotation: \_\_\_\_\_

Full Address of Away Rotation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts:

At Primary Residence: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

At Site of Away Elective: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Section A Attach and label accordingly the following:

1. Full Description of the Rotation including objectives, responsibilities, supervision, evaluation plan
2. Resident/Fellow Statement of educational goals for doing this rotation
3. Program Director's Statement of support for this resident/fellow confirming educational goals for the away rotation. Indicate why the away rotation is being applied for if it is not RRC required or if it can be met at an affiliated hospital.
4. *\*Only Applicable for J-1 Trainees\**  
Completion of ECFMG's Off-site Rotation Notification Form
5. *\*International Electives Only\**
  - a. Travel Clinic Verification from UConn Health travel clinic that resident is current with immunizations for applicable countries being visited. A waiver is also acceptable if received from the GME Director of Global Health or his/her designee.
  - b. Global Affairs Travel Registration Attach verification that you have completed the online Global Affairs Travel Registration for residents/fellows
  - c. Read, Acknowledge, and develop a plan to comply with mandatory policies for COVID testing and quarantine after return to the USA. Policies for resident physicians are the same as the protocol outlined for faculty/staff and is available on the HR website: <https://hr.uconn.edu/employee-domestic-travel-storrs-regionals/>

**Section B Answer/complete each of the following:**

1. Can the objectives be met through a rotation at one of the UConn Affiliated Hospitals?  Yes\*  No

2. Does this rotation fulfill an RRC requirement?  Yes  No\*

\*If "Yes" to #1 or "No" to #2, please provide a brief explanation below. Otherwise, N/A.

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3. Source of trainee's salary and fringe:  UCONN;  Grant (explain below);  Other (explain below)

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4. What is your career interest after graduation? \_\_\_\_\_

**For Travel outside the 50 States of the USA:**

*Complete either 5 or 6, then proceed to #7*

5. For travel to US Territories ONLY (American Samoa, Guam, Northern Mariana Islands, Puerto Rico, US Virgin Islands, or other minor territories), complete the UConn Health International Elective Liability Waiver [document attached to this application]

6. For travel to foreign country destinations, complete the UConn Experiential Global Learning registration process at [https://app.studyabroad.uconn.edu/index.cfm?FuseAction=Programs.ViewProgram&Program\\_ID=11003](https://app.studyabroad.uconn.edu/index.cfm?FuseAction=Programs.ViewProgram&Program_ID=11003) . If you have not registered with UConn Global before, you will need to "create an account" using your UConn email address as the username. By registering, one also receives UConn-sponsored travel insurance. Be sure to save and print your travel insurance information. Bring one copy with you, another copy should be with family or friends in the United States, and one copy should be attached to this application.

You will need to identify The State department level travel advisory is noted for the country (ies) in your itinerary (1-4) (available at

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/> )

**State Department Level:** \_\_\_\_\_

\*If level 4 for Security, travel will not be approved.

\*If level 3 for Security, or levels 3 or 4 for Health, please complete the following process:

The UConn Waiver request for High-Risk Travel form available at:

<https://uconn.kualibuild.com/app/builder/#/app/623cb6a68fc9893c085cdf0/run>

Please specifically denote if you have been vaccinated for COVID-19 when discussing risk mitigation. Documentation of an approved UConn Global Affairs high risk travel waiver is necessary for final approval of the experience.

\*Note: the Resident/Fellow can check on the status of their requests using this link to their dashboard: <https://hclleap-prod2.its.uconn.edu/apps/secure/org/app/dfd9b542-a0ff-4c6a-9385-90481cdf9462/viewdata/index.html>

Note: This process requires sign off from a supervisor. If there are delays, please ask your supervisor to check spam folders for the email that is automatically generated by the system.

7. The Capital Area Health Consortium also offers travel medical insurance for approved work-related travel. It is recommended that you contact CAHC to obtain this extra level of travel insurance.

8. Attach a copy of proof of Travel Insurance (see #5 & 7, above)

Approvals:

\_\_\_\_\_  
(Signature, GME Designee)      Date

\_\_\_\_\_  
(Signature, Program Director)      Date

## Graduate Medical Education International Elective Liability Waiver

Each year, a number of residents/fellows participate in credit-bearing clinical or research activities outside of the United States through organized rotations or independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to residents/fellows for which they may not be prepared. These include unfamiliar cultures and languages, political instability, infectious diseases, traffic hazards, and other health risks that may be uncommon in the United States.

To assist residents/fellows in preparing for these eventualities, the Office of Graduate Medical Education requires that all residents involved in a credit-bearing rotation with an international component perform the following prior to departure from the United States:

- Gather information concerning any political problems or health hazards which may place them at risk by consulting current State Department and Center for Disease Control information:
  - State Department: <http://travel.state.gov/>  
phone: 202-647-5225
  - Center for Disease Control: [www.cdc.gov/travel/travel.html](http://www.cdc.gov/travel/travel.html)  
phone: 404-639-3311
- Obtain medical travel advice and immunizations appropriate for the country to which travel is planned
- Contact the Capital Area Health Consortium to obtain a supplemental insurance policy for medical emergencies and evacuation
- Designate persons both in the foreign country and in the United States who may be contacted in the event of an emergency
- In addition, self-study for cultural orientation and training in the local language is strongly encouraged

Completion of these steps is the responsibility of the individual resident and not of the University of Connecticut, any of the affiliated hospitals, or the department.

I, \_\_\_\_\_ have read and understand the above guidelines. I further understand that the decision whether to undertake clinical or research work abroad is mine alone.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## International Travel Elective Checklist

Prior to being approved for an away rotation, the following checklist needs to be completed and signed off by both you and your Program Director.

**\* If No is answered to any of the questions, please attach a detailed explanation.**

1. I have registered my travel plans and contact information on the U.S. State Department website: <https://step.state.gov/step/>.  YES  NO \*
2. I have contacted the Capital Area Health Consortium to discuss Emergency Evacuation Insurance and what other coverage and benefits are available to me while on an international elective.  YES  NO\*
3. I have gone to the <https://health.uconn.edu/graduate-medical-education/cahc/> website under "Benefits and Payroll," clicked on "Insurance Benefits while Traveling" and printed out the information before leaving the country.  YES  NO\*
4. I have phone numbers on hand to get in touch with people in the USA in case of emergency.  YES  NO\*
5. My program has emergency contact info in case they need to contact me.  YES  NO\*
6. If I am not an American National, I can legally return to the United States upon completion of this experience.  YES  NO\*
7. I have signed the liability waiver.  YES  NO\*
8. I have provided a copy of all Travel and Evacuation Policies (through CAHC and Experiential Global Learning) to the GME office, including companies, policy numbers, and inclusive dates of coverage.  YES  NO\*
9. I have made an appointment with my physician or travel clinic regarding vaccinations and appropriate medications for travel.  YES  NO\*

### The following is a list of items I have been encouraged to review and complete prior to my departure:

- To have an international cell phone that can call the United States
- Research on my destination, including basic understanding of local laws and customs, currency and banking, local safety issues, local transportation, and language concerns including developing a plan for translation services
- I have reviewed travel advisories and country information from the U.S. State Department website
- If I am providing medical care and working with **sharps**, I have a plan for obtaining medications in case of an HIV post exposure prophylaxis concern.
- I am aware that I may need to contact credit card companies and banks regarding my overseas travel
- I have verified that my passport is current and will remain valid during the experience and for at least 3 months following the experience.

### Attestation

I attest that I have completed all steps as outlined and hereby request approval for this educational experience.

\_\_\_\_\_  
Signature, Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name, Resident

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\_\_\_\_\_  
Printed Name, Program Director