

RESIDENCY TRAINING PROGRAM INTERNATIONAL ELECTIVE LIABILITY WAIVER

Each year, a number of residents 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 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 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 Centers for Disease Control information;
 - State Department (202) 647-5225 website: <http://travel.state.gov/>
 - Centers for Disease Control (404) 639-3311 website: www.cdc.gov/travel/travel.html
- Obtain medical travel advice and immunizations appropriate for the country to which travel is planned
- Consider medical and accident insurance which includes provisions for emergency evacuation to a medical facility capable of providing high quality care for any medical problem that arises
- 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: _____