

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 Dept. website.
2. I have contacted the Capital Area Health Consortium to discuss Emergency Evacuation Insurance...
3. I have gone to the www.residents.uchc.edu website under "CAHC Benefits and Payroll"...
4. I have phone numbers on hand to get in touch with people in the USA in case of emergency.
5. My program has emergency contact info in case they need to contact me.
6. If I am not an American National, I can legally return to the United States upon completion of this experience.
7. I have signed the liability waiver.
8. I have made an appointment with my physician or travel clinic regarding vaccinations and appropriate medications for travel.

\*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 have contacted the Employee Health Department here at the University of Connecticut to get this information)
I am aware that I may need to contact credit card companies and banks regarding my oversea travel
I am aware that my passport needs to be current

Signature, Resident Date

Signature, Program Director Date

Printed Name, Resident

Printed Name, Program Director

PROFESSIONAL LIABILITY LETTER

Date:

Re: Away Elective for

To Whom It May Concern:

All Medical resident/fellow physicians in residency/fellowship programs sponsored by the University of Connecticut School of Medicine are fully protected by state statute from civil liability arising from any civil claim for malpractice taken in the discharge of their duties or within the scope of their training when the resident/fellow physician is at one of the University of Connecticut Health Center sites or at an approved site that is not one of the affiliated hospitals for the program. Rotations at sites outside of Connecticut fall into this category.

Coverage is for the occurrence of an incident on those claims during the residency/fellowship period and extends after the end of the residency/fellowship period for incidents that occurred during the residency/fellowship period. The scope of this protection is not limited in dollar amount.

The above described coverage is a "self-insured" program and therefore there is no insurance company as the carrier and no policy number.

Sincerely, Mark Siraco  
Director, Graduate Medical Education Finance University  
of Connecticut School of Medicine 263 Farmington  
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Main GME Office number: 860-679-2147

Approved by: Assistant Attorney General William Kleinman, 5/14/2009

*{Contact the GME office staff to receive a copy of the letter when needed}*