



Global Health Elective Application

Please submit to David H. Beyda, MD at least 3 months prior to your departure date (dbeyda@email.arizona.edu)

Section 1: Student Information

Last Name:		First Name:		M.I.:
Current Address:	Number and Street	City	State	Zip
Telephone:	Email:			MS Year:

Section 2: Emergency Contact Information

Last Name:	First Name:	Relationship to you:
Telephone:	Pager:	Email:

Section 3: Host Information

Primary Host Organization/Clinic Name:			
Host Contact Name:		Title:	
Host Telephone:			
Clinic Address:	Number and Street		City
	State/Province		Country
Clinic Telephone:		Fax:	Email:
Clinic Manager:			
Posted hours of clinic operation:			
Hours student will work:			
Specialty and names of teaching physicians if known:			

Section 4: Details of Your Trip

Destination Cities and Countries:	Is there a State Department travel warning issued for this country? (Check http://travel.state.gov) Yes No	
Rotation Block(s):	Start Date: mm-dd-yy	End Date: mm-dd-yy
Total number of weeks working abroad:		
Foreign language required Describe your relevant language skill level:		

Global Health Elective Application – *(continued)*

Section 5: Learning Objectives

**If you have had any prior International Health experience, please describe:
(where, when, how long, what role you played):**

Why do you want to participate in the selected rotation?

**List the three main educational benefits that you expect to receive from your experience,
including curriculum goals and/or post-graduate career plans:**

- 1.
- 2.
- 3.

**What are your future career goals and how would this international experience facilitate
your training?**

**Do you have a history of any medical or psychiatric conditions that may affect your ability to
participate in this international elective?**

Yes No

If yes, please describe:

Name:

Date: