Requirements for Global Health rotations

Two weeks prior to the start date of the elective you must complete the following information within the Action column on your Oasis schedule and upload it.

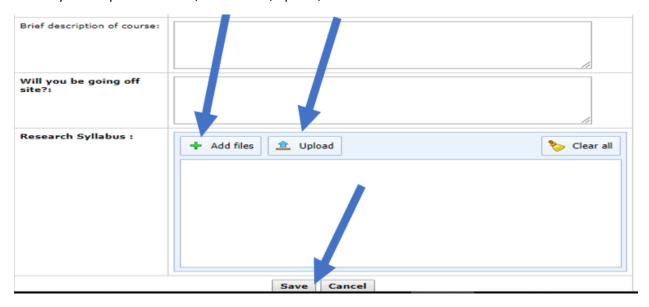
MEDP-891A: Medicine, Interdepartmental Phoenix Global Health Elective Files: proof-of-life.pdf (80 kB) Non Standard Course Form Instruction: Added/Changed:07/15/2019 09:11:01 AM Course #: 0 Term: 0	<u>s .pdf</u> (122 kB)		College of Medicine - Phoenix Session code: Section number: 0	4/4	Waiting	Drop Elective/Selective Info
Elective/Selective 2019-2020 : MEDP-8			al Health El	ective	e	<u>Clos</u>
Elective/Selective in	nformation f	or Zana	Alattar			
Course Title:						
Institution:						
Practice Full Name and Address:						
Scholarly Project Related?:						
Applied through VSAS:						
Start Date:		MM/DD/Y	vvv 🚻			
End Date:		MM/DD/Y	YYY 1			
Number of Weeks:						
Doctor's Last, First Name:						
Doctor's Phone Number:						
Doctor's Email Address:						
Medical Education Coordinator's Last, First Name:						
Medical Education Coordinator's Phone Number:						
Medical Education Coordinator's Email Address:						
Brief description of course:						
Files:						
Proof of Life Form:	+ Add files	<u></u> Uploa	d			🏷 Clear all

Save Cancel

The information in **Bold** is required. The Proof of Life document can be found here.



Ensure you complete the form, add the file, upload, and save the document.



For questions regarding the Proof of Life document contact Phyllis Thackrah at pthackrah@email.arizona.edu. For questions scheduling the elective and policies contact Jake Christensen at jakechristensen@emial.arizona.edu.