

## Global health elective application

*Adapted with permission from University of Wisconsin-Madison*

*Refer to your residency training program to determine if this application form requires completion*

### RESIDENT INFORMATION

LAST NAME:		FIRST NAME:		MI:
PGY-LEVEL:		PASSPORT #:	PASSPORT EXP DATE:	
CURRENT ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
PHONE:		EMAIL:		
GLOBAL HEALTH FACULTY MENTOR:				

### PROPOSED ROTATION INFORMATION

SITE NAME:	TYPE OF SETTING: <b>Clinical</b>	COUNTRY:
DATES REQUESTED:	ANTICIPATED VACATION DATES DURING ELECTIVE:	
ON-SITE SUPERVISOR NAME:		TITLE/POSITION:
SUPERVISOR EMAIL:		SUPERVISOR PHONE #:
I verify that the above named supervisor is willing to evaluate me and will be present for the duration of the proposed rotation (initial) _____		
WEBSITE ADDRESS FOR PROPOSED SITE:		
How did you learn of this site?		
Has the site previously hosted residents? (if yes, please explain what type of residents and whether they were from your institution)		
Will you be supervised by a faculty member during your rotation? (if yes, please provide the name of the faculty member and the duration of time they will be present)		

### BACKGROUND INFORMATION & LEARNING OBJECTIVES

Describe prior global health experiences (include prior experiences in the areas of clinical work, research, program or policy development; note year and duration of experience):
What are your specific goals for this rotation? (What do you hope to learn? What do you hope to take away from this experience?)
What are your specific objectives for this rotation? (What specific things do you plan to do?)
What are the unique qualities of this site/practice that will help you achieve these goals and objectives?
How will the rotation be structured? (What will your day-to-day work involve? Who will supervise this work?)