

**Dr. KIRAN C. PATEL COLLEGE OF OSTEOPATHIC MEDICINE (NSU-KPCOM)  
INTERNATIONAL ROTATIONS APPLICATION FORM**

**PLEASE CHECK ONE BOX:**

- SELECTIVE (COM 7153)**  **ELECTIVE (COM 8040)**  **SERVICE HOURS (COM 9990)**

**CHECKLIST (1-12 must be met for the NSU-KPCOM Office of International Medicine)  
\*13-16 may be requested by Non-Affiliated Sites\***

1. Complete and submit this NSU-KPCOM application for an international rotation
2. Complete and submit the elective/selective application to Clinical Education.  
<https://www.nova.edu/webforms/com/elective-rotation/>
3. Submit a color-scanned photocopy of your passport (**must be a COLOR copy and VALID FOR a minimum of 6 MONTHS UPON ENTRY INTO THE HOST COUNTRY**)
4. Submit a photocopy of the front and back of your insurance card.
5. Submit a photocopy of your roundtrip airline ticket.
6. The following international travel, health and medical crisis evacuation insurance **MUST** be purchased and a copy submitted (dates must coincide with travel dates). <https://www.internationalstudentinsurance.com/travel-medical-insurance/apply/>
7. Complete and submit the Waiver of Liability form. <https://osteopathic.nova.edu/community/forms/waiver-of-liability.pdf>
8. **MUST** register with World-Cue® TRAVELER for authorization prior to approval to depart (confirmation number is 000) <https://apps.worldcue.com/mte/startMTE.xhtml?affiliateId=706391>  
**(Submit a screenshot or printed copy of registration)**
9. Obtain and submit a copy of the visa if applicable
10. Check immunization recommendations at CDC site and be current for the country. <http://www.cdc.gov/travel/>
10. **MUST** register with the Smart Traveler Enrollment Program (STEP) of the U.S. Department of State prior to approval to depart if you are a U.S. citizen. <https://step.state.gov/step/> **(Submit a screenshot or printed copy of registration)**
11. Take copy of preceptor evaluation form to rotation
12. Have preceptor complete and sign the evaluation form which you will submit to the Office of International Medicine at the end of the rotation
13. **\*Provide a copy of the completed application and approval form or letter from the Non-Affiliated Institution/Hospital/Clinic prior to approval of the rotation**
14. **\*Copy of school transcripts**
15. **\*Copy of Drug Screen Verification**
16. **\*Copy of Criminal Background Check**

**GENERAL INFORMATION**

Student Name:

Phone:

Mailing Address:	NSU Email: <i>(NSU email is the only email utilized during your rotation)</i>
Passport #:	Country of issue:
Passport Date of Issue:	Passport Expiration Date:
Is your passport still valid for 6 months prior to departure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed travel dates:	Name of Organization or Clinic:
Proposed destination city:	Country:
Is site an affiliated clinical site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cellphone/International phone: <b>(EMERGENCY NUMBER MUST BE ACTIVE AT SITE)</b>	

### EMERGENCY INFORMATION

Name:	Relationship:
Phone:	Email:

### PRECEPTOR/SUPERVISOR CONTACT INFORMATION (MAY BE COMPLETED AFTER INTERVIEW)

Name:
Mailing Address:
Email:
Phone:

### PRE-TRAVEL CHECKLIST

**(STUDENT MUST CHECK EACH BOX BEFORE ROTATION MAY BE APPROVED)**

Are you in good academic standing?

Yes  No

Pre-travel interview completed on: / /

Completed with  Dr. Silvagni or  Designee

I have reviewed NSU's international travel policies on the following website.   
<http://www.nova.edu/internationalaffairs/travelreg/index.html> (click on "individual student")

I have registered with the U.S. Department of State STEP program  <https://step.state.gov/step/>

I have purchased medical evacuation and travel cancellation insurance.  Yes  No  
<http://www.internationalstudentinsurance.com/schools/nova-southeastern-university.php>

I have reviewed the CDC health travel information necessary for my destination on the following website.   
<http://www.cdc.gov/travel/>

I have obtained all required visas if applicable.

I have completed and submitted the Clinical Education Elective/Selective application form.

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**Student Signature**

Date:

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**Approved for rotation – Dr. Silvagni or Designee**

Date:

**Copy sent to Clinical Education**

Date:

### **POST-TRAVEL CHECKLIST (STUDENT MUST COMPLETE TO RECEIVE COURSE CREDIT)**

Returned a completed preceptor evaluation for selective & elective rotations.

Turned in a journal or project report within 1 month of my return.

Post-travel interview completed on:     /     /

Completed with  Dr. Silvagni or  Designee

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**Dr. Silvagni or Designee**