

**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 (1-14 must be met for the NSU-KPCOM Office of International Medicine)
*15-23 may be requested by some sites***

1. Complete and submit this NSU-KPCOM application for an international rotation.
2. Complete and submit the elective/selective application to Clinical Education.
 - a <https://www.nova.edu/webforms/com/elective-rotation/>
3. Complete the international travel registration at:
 - a <https://www.nova.edu/internationalaffairs/secure/individual-students.html>
4. Complete and submit the NSU Release of Liability and Assumption of Risk for International Travel form.
 - a <https://www.nova.edu/internationalaffairs/forms/2022%20Release%20of%20Liability%20Assumption%20of%20Risk%20and%20Acknowledgment.pdf>
5. The following international travel, health and medical crisis evacuation insurance **MUST** be purchased and a copy submitted (dates must coincide with travel dates).
 - a https://www.internationalstudentinsurance.com/school_requirements/6941/Nova_Southeastern_University_-_Study_abroad%2C_Faculty_and_Staff_members_.html
6. **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.
 - a <https://step.state.gov/step/>
 - b **Submit a screenshot or printed copy of the registration.**
7. Check the risk rating for your travel destination with International SOS.
 - a <https://www.internationalsos.com/MasterPortal/default.aspx?membnum=399CPH858907>
 - b Click "Custom Location Reports".
8. Submit a color-scanned photocopy of your passport.
 - a **Must be a color copy and valid for a minimum of 6 months upon entry into the host country.**
9. Submit a photocopy of the front and back of your health insurance card.
10. Submit a photocopy of your roundtrip airline ticket when available.
11. Submit the address and phone number at your destination when available.
12. Obtain and submit a copy of the visa if applicable.
13. Check immunization recommendations at CDC site and be current for your destination.
 - a <https://wwwnc.cdc.gov/travel/destinations/list/>
14. Take copy of preceptor evaluation form to the rotation and have preceptor complete and sign the evaluation form which you will submit to the Office of International Medicine and to Clinical Education at the end of the rotation.
15. *Provide a copy of the completed application for the rotation site.
16. *Provide approval form or letter from the Non-Affiliated Institution/Hospital/Clinic prior to approval of the rotation.
17. *Submit letter of interest.
18. *Copy of school transcripts.
19. *Copy of immunization records.
20. *Copy of criminal background check.

- 21. *Copy of CV.
- 22. *Copy of drug screen verification.
- 23. *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: (EMERGENCY NUMBER MUST BE ACTIVE AT SITE)	

EMERGENCY INFORMATION	
Name:	Relationship:
Phone:	Email:

PRECEPTOR/SUPERVISOR CONTACT INFORMATION (MAY BE COMPLETED AFTER INTERVIEW)	
Name:	
Mailing Address:	
Phone:	

PRE-TRAVEL CHECKLIST (STUDENT MUST CHECK EACH BOX BEFORE ROTATION MAY BE APPROVED)	
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Are you in good academic standing?

Yes No

Pre-travel interview completed on: / /

Completed with R. J. Moljo, D.O. or Designee

I have reviewed NSU's international travel policies on the following website.

<https://www.nova.edu/internationalaffairs/secure/individual-students.html>

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.

Student Signature

Date:

Approved for rotation – R. J. Moljo, D.O. 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 international rotation.

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

Post-travel interview completed on: / /

Completed with R. J. Moljo, D.O. or Designee

R. J. Moljo, D.O. or Designee