NOVA SOUTHEASTERN UNIVERSITY | NSU Florida

Dr. KIRAN C. PATEL COLLEGE OF OSTEOPATHIC MEDICINE (NSU-KPCOM)
INTERNATIONAL ROTATIONS APPLICATION FORM
PLEASE CHECK ONE BOX:

☐**Rural Selective (COM 8153)** ☐**ELECTIVE (COM 8000)**

1. Submit this completed 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. Complete the international travel registration at: https://apps.powerapps.com/play/e/default-2c2b2d31-2e3e-4df1-b571-fb37c042ff1b/a/29a7884f-974f-4e2b-8c9b-eab48cfc2d23?tenantId=2c2b2d31-2e3e-4df1-b571-fb37c042ff1b&hint=d7460b2b-3699-422b-816c-78d4e3fdb8ce&sourcetime=1754059204592%27
4. Complete the NSU Release of Liability and Assumption of Risk for International Travel form (dates must coincide with travel dates)
5. Check the risk rating for your travel destination with Crisis24 and register your trip. Create an account at: https://crisis24horizon.com/app/login.
6. The following international travel, health and medical crisis evacuation insurance may be necessary. Submit a copy. (dates must coincide with travel dates) https://www.internationalstudentinsurance.com/school_requirements/6941/Nova_Southeastern_Universit_y_-_Study_abroad%2C_Faculty_and_Staff_members_.
7. Register with the Smart Traveler Enrollment Program (STEP) of the U.S. Department of State if you are a U.S. citizen. Submit a screenshot or printed copy of the registration. (dates must coincide with travel dates) https://step.state.gov/step/
8. Submit a color-scanned photocopy of your passport including the signature page. **Passport needs to be valid for a minimum of 6 months upon entry into host country.**
9. Submit a photocopy of the front and back of your health insurance card.
10. Submit a photocopy of your round-trip 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. 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 - 21 BY REQUEST ONLY

15. *Provide invitation letter from the Non-Affiliated Institution/Hospital/Clinic prior to approval of the rotation.
16. *Provide a copy of the completed application for the rotation site.
17. *Submit letter of interest.
18. *Copy of school transcripts.
19. *Copy of immunization records.
20. * Copy of CV.
21. *Copy of criminal background check.

Student Name:	Phone:

GENERAL INFORMATION	
Student Name:	Phone:
Mailing Address:	NSU Email:
Passport #:	Country of issue:
Passport Date of Issue:	Passport Expiration Date:
Is your passport still valid for 6 months after departure? ☐Yes ☐No	
Proposed rotation dates:	Is site an affiliated clinical site? ☐Yes ☐No
Proposed travel dates:	
Proposed destination city:	Country:
Name of Organization or Clinic:	
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 of Organization or Clinic:	
Name of Contact:	
Name of Preceptor:	
Mailing Address:	
Phone: Specialty:	Email:

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

I have reviewed NSU's international travel policies on the following website. ☐
https://www.nova.edu/student-leadership/study-abroad/travel-registration.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:

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Approved for rotation – R. J. Moljo, D.O. or Designee Date:

Copy sent to Clinical Education Date:

Copy sent to Rural and Urban Undeserved Medicine Date:

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

Returned a completed preceptor evaluation for international rotation. ☐

Returned a completed student evaluation. ☐

Turned in a journal within 1 month of my return. ☐

Post-travel interview completed on: Completed with ☐ R. J. Moljo, D.O. or ☐ Designee

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

Copy sent to Clinical Education Date:

Copy sent to Rural and Urban Undeserved Medicine Date: