

Request for International Rotation

Program Name:

Program Director:

Program Coordinator:

Department Chair:

Specialty Program Director (if applicable):

Requested Rotation Dates:

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

Department Chair Signature/Date:

International Rotations will not be considered until the DIO has given approval and all paperwork has been processed. No resident or fellow should be hired or promised a position for international rotations until approval has been given by the DIO.

Please address all the requirements on the next page in your request. Send completed requests to Dr. Benjamin Clyburn, DIO (c/o GME Office, room 202 MUH, MSC 333) at least six months prior to the desired rotation.

FOR GME OFFICE USE ONLY:

Date Received: _____

Approved by the DIO: _____

Rationale, Impact and Financing for International Rotation

1. Generate an International Affiliation Agreement within the MediTract system. If the department (or other resource) is covering all expenses (salary, fringe benefits, etc.) for the resident's/fellow's travel, a letter is needed from the department Chair stating so and is to be added as an attachment to the AA along with the goals and objectives.

2. Insurance
 - a. General Liability Insurance. Each Party represents and warrants that it maintains comprehensive general liability insurance (or an equivalent self-insured program) and any additional coverage required by law sufficient for the purpose of carrying out the duties and obligations arising under this LOA. Each Party will furnish to the other a certificate evidencing such insurance upon written request.

 - b. Professional Liability Insurance. MUSC represents and warrants that it maintains comprehensive professional liability insurance for Trainee and MUSC employees. AFFILIATE represents and warrants that it maintains comprehensive professional liability insurance for AFFILIATE and AFFILIATE faculty including, but not limited to, supervising physicians. Each Party will furnish to the other a certificate evidencing such insurance upon written request. You will need to provide documentation of how malpractice coverage will be provided by the host facility or some other entity - The name of the provider would need to be stated. Both documents would need to have the appropriate signatures. Per the Insurance Reserve Fund of the State Fiscal Accountability Authority, "Policy Territory" means (1) The United States of America, its territories or possessions, or (2) anywhere in the world with respect to "Injury" arising out of the activities of any "Insured" permanently domiciled in the United States of America, though temporarily outside the United States of America, its territories and possessions or Canada, provided the original suit for damages because of any such injury or damage is brought within the United States of America, its territories or possessions. In terms of worker's compensation, so long as the individual is receiving a paycheck from MUSC/MUHA then they are covered by Worker's Compensation insurance.

3. If your residents are planning to receive credit for this international rotation, we will also need documentation from your RRC and/or Board to verify this rotation is approved as part of your residency requirements.

Resident Guidelines for Resident International Electives and Experiences

Each year a number of residents participate in activities outside the United States through electives and independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to residents for which they may not be prepared. These include unfamiliar cultures and languages, political instability, and infectious diseases and other health hazards that are uncommon in the United States.

To assist residents preparing for these eventualities, the GME Office requires that all residents enrolled in a credit-bearing elective with an international component perform the following prior to departure from the United States:

1. Gather information concerning any political problems or health hazards which may place them at risk by consulting the State Department (202)647-5225 or <http://travel.state.gov> and the Centers for Disease Control (404) 639-3311 or www.cdc.gov/travel for current information.
2. At least four weeks prior to departure, obtain medical travel advice and immunizations appropriate for the country to which travel is planned. We encourage you to make an appointment with the MUSC travel clinic (792-4542) or a private travel clinic or health department, particularly if you are traveling to developing countries. Please note that the Charleston County Health Department no longer provides travel medicine services.
3. Register your travel itinerary and emergency contact information with [MUSC Global Travel Registry](#) before your departure date per the MUSC International Travel policy requirements. Registration provides information that will enable MUSC to activate intervention services on your behalf in the event of a health emergency, natural disaster, or a crisis of civil or political unrest in a foreign location that requires assistance or evacuation. Review benefits and services provided through the MUSC/International SOS partnership, which includes accidental medical and sickness insurance, emergency medical and security evacuation and international travel assistance. Obtain the membership card from the [CGH website](#) or the [International SOS portal](#).
4. Follow the steps within the MUSC International Travel Policy. Note: Travel to a US Department of State Level 4 requires a petition and review.
<https://web.musc.edu/about/global-health/global-travel/pandemic-travel-policy>
5. Designate persons both in the foreign country and in the United States who may be contacted in the event of an emergency.

Completion of these steps is the responsibility of the individual residents and not the GME

Office. The GME Office is available to assist residents who are preparing for overseas travel.

I have read and understand the above guidelines. I further understand that the decision whether to undertake study abroad is mine alone, and that the MUSC GME Office nor the Department of _____ bears no responsibility for any health or safety risks presented by such electives.

Travelers should be aware that they may be subject to quarantine and/or testing requirements at their destination and/or when returning to the U.S. and may face restrictions upon entry in their destination country. Travelers who are not U.S. citizens may face additional requirements or restrictions upon their return to the U.S. Additional information about foreign travel may be found on the U.S. State Department website at <https://travel.state.gov/content/travel/en/international-travel.html>.

I am aware that the inherent risks and uncertainties relating to COVID-19 could disrupt my Activity, and that I may require medical care and/or hospitalization in areas where healthcare resources are under great strain in service of local populations

I understand that evacuation may not be possible from my travel destination or other locations on my trip, and I acknowledge that the University is not responsible for assisting with or for covering costs related to my return.

I am also aware that I may encounter restrictions such as abrupt flight cancellations or delays and border closings which could significantly impact my ability to travel.

Intended Travel Location (including organization/clinic name): _____

Dates of Travel: _____

Printed Name of Resident/Fellow

Signature of Resident/Fellow

Date