**Global Health Experience Request (GHER) Form**

**Key Information for Students**

* The Global Health Experience Request (GHER)Form must be completed and submitted prior to any proposed global health experience that occurs while a UMMS medical student is enrolled in the medical school.
* Students should complete this GHER Form, and review it with the UMMS faculty member that agrees to serve as the student's UMMS Faculty Advisor for the proposed global health experience.
* **After reviewing the GHER Form with the UMMS Faculty Advisor,** **students should submit the completed GHER Form to the UMMS** [**International Medical Education Program**](https://www.umassmed.edu/oume/international-medical-education/imep-ghp-forms-and-surveys/imep-travel-forms/) **(IMEP) at least three month prior to the start of the proposed global health experience**. GHER Forms should be submitted to the IMEP, via email at: [IMEP-GHP@umassmed.edu](mailto:IMEP-GHP@umassmed.edu).
* Any information that is entered into the GHER Form, should be done using red font. This will allow for efficient review of the information that is being provided for the proposed global health experience.
* Definition of a global health experience:

* + For UMMS medical students, a global health experience is either:
  1. Any international experience that occurs outside the U.S.
  2. An experience that occurs inside the U.S., and involves a focus on issues related to populations with recent international origins (e.g., an immersion experience focuses on refugee or immigrant populations living in Worcester).

For global health experiences that occur inside the U.S., some of the questions in this GHER Form may not be applicable. If this is the case, then when appropriate, enter “not applicable” to the specific question.

* + Therefore, global health experiences include (but are not limited to) the following experiences:
  + Global Health Immersion Experiences between 1st and 2nd year
  + International experiences in the Dominican Republic Batey Health Initiative (DR BHI)
  + 3rd year Flexible Clinical Experiences (FCE) that include international travel
  + 4th and 5th year electives that include international travel
  + 4th year Capstone electives that include international travel
* Multiple students who are travelling on a similar global health experience should complete and submit *separate* GHER Forms.
* Experiences that occur while the student is not enrolled in the medical school (e.g., while on leave of absence) do not require submission of a GHER Form.

**Section 1: Information that will be needed for the UMMS on-line International Travel Registration**

Note: If the student’s proposed global health experience does get conditionally approved by IMEP, then the student must register their travel by completing the UMMS on-line International Travel Registration which can be found here:

<https://www.umassmed.edu/international-support-services/international-travel/forms/international-travel-registration/>

The questions in this section will help prepare the student to complete the UMMS on-line International Travel Registration. Questions that appear in blue font are intended to help IMEP and the student’s UMMS Faculty Advisor to review the proposed experience, and these questions are not part of the UMMS on-line International Travel Registration.

**Student Details:**

1. First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., phone # that may be used if IMEP or UMMS faculty advisors need to discuss the proposed global health experience with the student)
4. Current status at UMMS: \_\_\_\_\_\_\_\_\_\_\_\_ (e.g., 3rd year UMMS medical student)
5. Curriculum year during which the proposed experience will occur: (select one)

* Foundations of Medicine 1 (MS1): i.e., 1st year of medical school
* Summer between FOM1 and FOM2 curriculum year
* Foundations of Medicine 2 (MS2): i.e., 2nd year of medical school
* Core Clinical Experiences (MS3): i.e., 3rd year of medical school
* Advanced Studies (MS4): i.e., 4th year of medical school
* Extended student (i.e., a 5th year student in the Advanced Studies year)

1. Anticipated year of graduation: \_\_\_\_\_ (e.g., 2020)
2. Are you a student in the UMMS Global Health Pathway (GHP)? \_\_\_\_\_ (Yes or No)
3. UMMS Faculty Advisor for this proposed global health experience: \_\_\_\_\_\_
4. UMMS Title\*: SOM Student
5. Department / Program\*: School of Medicine
6. Name of department head approving travel\*: Dr. Melissa Fischer
7. Traveler email\*: \_\_\_\_\_\_\_\_\_\_\_ (i.e., the student’s email address)
8. Country of citizenship: \_\_\_\_\_\_\_\_\_\_\_\_
9. If not a U.S. citizen, state your immigration status: \_\_\_\_\_\_\_\_\_\_\_

*Note: If you need assistance in securing a visa or determining entry and exit requirements, please contact the UMMS International Support Services (ISS) at 508-856-5746 or email*[*InternationalSupportServices@umassmed.edu*](mailto:InternationalSupportServices@umassmed.edu)*.   
  
The UMMS ISS website is:* [*https://www.umassmed.edu/international-support-services/*](https://www.umassmed.edu/international-support-services/)

*\* An asterisk indicates that this student does not have to answer this question on the GHER Form. The answer provided in the GHER Form will help the student to know what to enter into the UMMS on-line International Travel Registration.*

**Travel Information:**

1. Departure date (from the US): \_\_\_\_\_\_\_\_\_\_\_\_ (i.e., MM / DD / YYYY)
2. Return date (Date of arrival back in the US): \_\_\_\_\_\_\_ (i.e., MM / DD / YYYY)
3. Number of weeks (i.e., the length, in weeks, of the proposed experience) \_\_\_\_\_\_\_
4. The proposed experience is intended to be part of which part of the student’s academic experience?

* Global Health Immersion Experience (in the summer between 1st and 2nd year)
* Flexible Clinical Experience (FCE) (during 3rd year)
* [Elective during the Advanced Studies year](https://www.umassmed.edu/studentaffairs/electives/international/) (i.e., during 4th or 5th year):
  + Course # FC 405 International Medicine
  + Course # FC 427 International Community Service
  + Course # FC 470 International Language
  + Course # FC 451 Foundations of Global Health (i.e., an elective at UMMS & in Nicaragua)
  + Course # FC 465 Global Health Surgery
  + Course # FC 486 International Research Elective
  + Course # XX-470 International Language Elective
* Advanced Studies (AS) Capstone Month
* Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If the proposed experience would occur during 3rd or 4th year, indicate which time period it would occur during:

* CCE FCE one-week experience (identify the FE term; e.g., FE1, FE2) \_\_\_\_\_
* Advanced Studies (AS) Capstone Month (identify the elective term; e.g., M1, M7) \_\_\_
* AS two-week elective (identify the elective term; e.g., E1A, T7A) \_\_\_
* AS four-week elective (identify the elective term; e.g., EE1, M7) \_\_\_
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Destination Countries (list all countries that student plans to travel to):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’

*Note: If travelling to a country with an active U.S. State Department warning, you will be contacted by the UMMS Travel Office and will be required to provide further information and documentation.*

1. Destination Cities (please list the city/cities with corresponding date(s) in each location:

**Travel warnings and alerts – U.S. State Department:**

1. Date when the student visited the U.S. State Department website to check for a travel warning or alert related to the country or region where the student is proposing travel to: \_\_\_\_\_\_\_\_\_\_ (i.e., MM / DD / YYYY)

Here is the website: <https://travel.state.gov/content/passports/en/alertswarnings.html>

1. On this date, is there a U.S. State Department “**travel warning**” (Yes or No) \_\_\_\_\_\_\_\_
2. On this date, is there a U.S. State Department “**travel alert**” (Yes or No) \_\_\_\_\_\_\_\_
3. If "yes" then please describe the warning or alert: \_\_\_\_\_\_\_\_\_\_\_\_

**Travel warnings and alerts – Centers for Disease Control (CDC):**

1. Date when the student visited the CDC Travel website to check for a “travel health notice” related to the country or region where the student is proposing travel to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., MM / DD / YYYY)

Here is the website: <https://wwwnc.cdc.gov/travel/notices>

“

1. On this date, is there a CDC Travel “**Warning Level 3**”? (Yes or No) \_\_\_\_\_\_\_\_
2. If "yes" then please describe the warning: \_\_\_\_\_\_\_\_\_\_\_\_
3. On this date, is there a CDC Travel “**Alert Level 2**”? (Yes or No) \_\_\_\_\_\_\_\_
4. If "yes" then please describe the alert: \_\_\_\_\_\_\_\_\_\_\_\_
5. On this date, is there a CDC Travel “**Watch Level 1**”? (Yes or No) \_\_\_\_\_\_\_\_
6. If "yes" then please describe this “Watch Level 1” notice: \_\_\_\_\_\_\_\_\_\_\_\_
7. Traveler Contact Information DURING Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., local phone number that the student will be using during travel)

*Note: If traveler does not have known local number or globally enabled phone, please include alternate contact details (e.g., Skype, WhatsApp, Google Voice, Facebook, etc.)*

1. Purpose of Travel: (please indicate in red font all of the following options that apply)
   1. International elective / educational experience
   2. Clinical care / medical mission
   3. Research
   4. Teach
   5. Build international collaboration/partnership
   6. Attend conference/symposium
   7. Present at conference/symposium
   8. Technical assistance/consulting
   9. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_
2. Primary focus of the proposed experience (select only one):

* Clinical
* Community Service
* Cultural
* Language
* Public Health
* Research
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_ (e.g., attend a global health conference)

1. Host Institution or Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., University of Nicaragua)
2. Location of the Host Institution \_\_\_\_\_\_\_\_\_\_\_ (i.e., Country and region/city)
3. Is there a current Memorandum of Understanding (MOU) or Affiliation Agreement between UMMS and this Host Institution that will be valid at the time of your proposed experience? (Please select one)
   1. Yes, there is a current MOU that will be valid during the proposed experience
   2. Yes, there is a current Affiliation Agreement that will be valid during the proposed experience
   3. No
   4. Not to my knowledge
4. Host point of contact: (e.g., conference organizer, host institution point of contact, or local host)
   1. Name: \_\_\_\_\_\_\_\_\_
   2. Title: \_\_\_\_\_\_\_\_ (e.g., Chief of Pediatrics, Attending physician in department of medicine)
   3. Email: \_\_\_\_\_\_\_
   4. Phone: \_\_\_\_\_\_\_\_\_

*Note: All international research must be registered with UMMS using an* [*FPR*](https://www.umassmed.edu/link/1545127503a14606944ec5f9cec251b4.aspx)*(Foreign Project Registration Form)*

1. Supervisor at the Host Institution: (Note: if appropriate, this may be the same person as the “Host point of contact”)
   1. Name: \_\_\_\_\_\_\_\_\_
   2. Title: \_\_\_\_\_\_\_\_ (e.g., Chief of Pediatrics, Attending physician in department of medicine)
   3. Email: \_\_\_\_\_\_\_
   4. Phone: \_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

1. Emergency Contact Person #1:
   1. Name: \_\_\_\_\_\_\_\_
   2. Relation (i.e., what is the relationship of this person to the student) \_\_\_\_\_\_
   3. Email: \_\_\_\_\_
   4. Phone: \_\_\_\_\_ (include country code if providing an international phone #)
2. Emergency Contact person #2:
   1. Name: \_\_\_\_\_\_\_\_
   2. Relation (i.e., what is the relationship of this person to the student) \_\_\_\_\_\_
   3. Email: \_\_\_\_\_
   4. Phone: \_\_\_\_\_ (include country code if providing an international phone #)
3. Do you authorize UMMS to speak to medical personnel on your behalf if your emergency contacts cannot be reached? (Yes or No) \_\_\_\_\_\_\_\_\_\_\_\_
4. Please indicate your plans for accessing emergency medical care: (e.g., Contacting the in-country emergency contact, proceeding to the nearest hospital. List the hospital name & address, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_
5. Please indicate your crisis communication plans: (e.g., Contacting the in-country emergency contact, contacting the nearest US Embassy or Consulate, calling the number on your travel insurance card, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_

**Certifications:**

Note: The student will provide the following three certifications at the time of completing the UMMS on-line International Travel Registration. These three certifications do not need to be addressed prior to submitting the GHER Form to IMEP:

* I acknowledge that it is my responsibility to consult the US State Department website for country travel advice and entry/exit requirements.
* I agree that I will review current travel health information on the CDC Travel Health Notices page at <https://wwwnc.cdc.gov/travel/notices/> and will obtain necessary vaccines & medications for my travel (See [Student Health Services](https://www.umassmed.edu/studenthealth/) or the [UMass Memorial Travel Clinic](https://umassmemorialhealthcare.org/umass-memorial-medical-center/services-treatments/infectious-diseases/services-we-provide/travelers-health-services)).
* I will register my travel with the US State Department through the [Smarter Traveler Enrollment Program](http://travel.state.gov/content/passports/en/go/step.html). This will allow the Department of State and the local Embassy or Consulate to better assist me in the event of an emergency.

**Section 2: Information for the student, the student’s UMMS Faculty Advisor, and IMEP**

1. **UMMS Faculty Advisor for the proposed global health experience:**
2. **Background information for UMMS faculty who agree to be the UMMS Faculty Advisor for a student’s proposed global health experience:**

Any UMMS faculty member can be a UMMS Faculty Advisor for a UMMS medical student’s global health experience. The responsibilities of this role include the following:

* **Before the start of the global health experience:**
  + - Work with student to review and finalize their Global Health Experience Request (GHER) Form
    - Work with the UMMS International Medical Education Program (IMEP), UMMS International Support Service (ISS), and the Host Institution to complete a Letter of Agreement (LOA), and/or any other required information as part of the approval process for a proposed global health experience
* **During the global health experience:** 
  + - Act as a contact person at UMMS for questions or concerns that cannot be addressed by the Supervisor at the Host Institution while the student is participating in the global health experience
* **At the conclusion of the global health experience:** 
  + - Review the student's *Global Health Trip Report* and provide feedback to the student

1. **Information about the UMMS Faculty Advisor for the proposed global health experience:**

* First Name: \_\_\_\_\_\_\_\_\_\_
* Last Name: \_\_\_\_\_\_\_\_\_\_
* Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., Assistant Professor, Clinical Instructor)
* UMMS Department: \_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g., Family Medicine, Radiology, Pediatrics)

1. **Experience Description:**

In the space below, provide a description of the experience, including a brief summary of the clinical, research, community service, public health, cultural and or language training activities that the student will be doing during the experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Learning Objectives:**

In the space below, list at least three (3) educational objectives of the experience. (e.g., Gain exposure to outpatient primary care in a developing country by observing patient care in ...)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Preparation and Safety Information:**

Note: The student is expected to review the information in this section with their UMMS Faculty Advisor for the proposed global health experience. The information in this section will help the student and UMMS Faculty Advisor to assess if this proposed site is appropriate for the student, and to help the student begin to prepare for the proposed global health experience.

1. **Local safety and environmental conditions:**
   1. Describe the possibility of natural disasters \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(e.g., I will be traveling during the country's rainy season, so I should be aware that flooding events happen every few year)*

* 1. Describe any political instability \_\_\_\_\_\_\_\_\_\_\_

*(e.g., There were major non-violent protests in the capitol during the national elections a year ago, but no major elections or political instability is expected during the time that I propose to be traveling)*

* 1. Describe any other local safety or health issues \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(e.g., This is a high-tourist area, so precautions not to look like a wealthy tourist will be helpful to avoid being targeted by pickpockets)*

1. **Language:**
2. **Language spoken at the Host Institution:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   *(e.g., Spanish is spoken at the Host Institution; there are very few English-speaking staff)*
3. **Language proficiency of the student: \_\_\_\_\_\_\_\_\_\_***(e.g., the student is fluent in Spanish)*
4. **Travel experience:**
5. Has the student traveled to this Host Institution or region previously? \_\_\_\_\_
6. What UMMS students and/or faculty have visited this Host Institution previously (and when)? \_\_\_
7. **Travel support:**
8. Who (if anyone) will the student be traveling with on this proposed global health experience? \_\_\_\_\_\_\_\_\_\_\_\_
9. **Living conditions, water & sanitation:**
10. Where do you plan to stay during the proposed global health experience? \_\_\_\_\_\_
11. What are your expected plans for accessing safe drinking water during the proposed global health experience? \_\_\_

(e.g., I expect to have access to fuel and pots to be able to boil water for drinking)

1. What are your expected plans for basic sanitation (e.g., toilets and latrines) during the proposed global health experience? \_\_\_

(e.g., *Students that have traveled to this site have told me that I will be using ventilated pit latrines that have water for hand-washing)*

1. **Communication:**
2. How do you expect to communicate with people in the U.S. during this proposed global health experience? \_\_\_\_\_\_\_\_\_\_

*(e.g., I have been told by previous UMMS students who have traveled to this Host Institution that internet access is readily available at internet cafés, so that I can have daily access to internet, if needed)*

1. **Medical and dietary issues:**

*Note: For this section regarding “medical and dietary” issues, if a student wishes not to disclose specific medical conditions, medical issues, or dietary issues on this form, then the student can indicate,* “I will discuss this information with the UMMS Faculty Advisor and/or the International Medical Education Program”.

1. List or describe any medical conditions that might impact your health during the proposed global health travel \_\_\_\_\_\_\_\_\_\_\_

*(e.g., type 1 diabetes, bee sting allergy, nut allergy)*

1. List any dietary issues that might impact your health during the proposed global health experience \_\_\_\_\_\_\_

*(e.g., food allergies or restrictions, vegetarian diet)*

1. List or describe possible exposure to disease that may occur in this location, which the student should be aware of (note: these can be addressed further when the student visits a medical provider and/or travel clinic)\_\_\_\_\_\_\_\_\_\_

*(e.g., This is an area of high incidence of malaria, so I will be taking malaria prophylaxis medications, and also traveling with a mosquito bet net for sleeping)*

1. **Other:**
2. Are there any other health or safety issues regarding this proposed experience that the student, IMEP, and the student's UMMS Faculty Advisor should be aware of? \_\_\_\_\_

(continued on the next page)

1. **Attestations (to be completed by the UMMS student that is proposing this global health experience):**

**I attest** that the UMMS faculty member mentioned above (in question #46 of this GHER Form) agrees to be the UMMS Faculty Advisor for this proposed global health experience, if the proposed experience does get approved by the UMMS International Medical Education Program (IMEP).

**I attest** that I have discussed this GHER Form with this UMMS faculty member, and have received their confirmation (either verbally or via email) of the following things:

1. The UMMS faculty member has reviewed and approved the description and learning objectives of the proposed global health experience, and confirmed that the description and learning objections are appropriate for the student's level of training
2. The UMMS faculty member has reviewed the preparation and safety information (which appears in the GHER Form) with the student
3. The UMMS faculty member has given approval (either verbally or via email) for the student to submit the GHER Form to the UMMS International Medical Education Program (IMEP).
4. The UMMS faculty member agrees to be the student's UMMS Faculty Advisor for this student's proposed global health experience, if it does get approved by the UMMS International Medical Education Program (IMEP).

In the space provided below, by entering the statement that *“Yes, I attest to each of the items mentioned above”*, I \_\_\_\_\_\_\_\_\_\_\_\_ (student name) attest that this statement is correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_