

**STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
INTERNATIONAL HEALTH POLICY PROGRAM
APPLICATION CHECKLIST**

Name: _____

- _____ Application
- _____ Letter of support/recommendation from program director or university faculty (in a sealed envelope with evaluators signature across the seal). A **Criminal Background Check Report** must accompany the letter of support.
- _____ Photo copy of the first page of your passport
- _____ Health Statement for Visiting Students
- _____ Permission for Emergency Treatment
- _____ Travel Release
- _____ Proof of Travel Insurance
- _____ Residence Hall Housing Application (if require housing)

I agree to make all travel arrangements on my own, pay for the airfare, and obtain all necessary travel visas.

Signature: _____ Date: _____

Return to:

**SUNY Downstate Medical Center
Midwifery Education Program
450 Clarkson Avenue Box 1227
Brooklyn, N.Y. 11203-2098
Attention: Aleida Llanes-Oberstein, CNM, MS, FACNM
International Project Director**