SUNY DOWNSTATE Medical Center

APPLICATION FOR THE SCHOOL OF PUBLIC HEALTH'S ELECTIVE: PREV 4540
HEALTH CARE IN DEVELOPING COUNTRIES

Please submit completed application to Ms. Lois Hahn in the Public Health office (Room B4-318) or fax to 718-270-2533 or e-mail to lois.hahn@downstate.edu. If you have any questions please contact our office at 718-270-1056.

NAME: _____ SEX: M ☐ F ☐
(Last) (First) (MI)

HSCB Box #_____Degrees obtained to date: _____

HOME ADDRESS: _____

HOME TELEPHONE #:_____CELL PHONE #:_____

YEAR OF GRADUATION FROM MEDICAL SCHOOL: _____

COUNTRY PREFERENCE FOR ELECTIVE: _____
(existing sites – currently Kenya, Dominican Republic, India, Thailand)

PROPOSED ALTERNATIVE SITE: _____
(if securing alternate approved site)
Name of overseas preceptor:_____
Address of overseas preceptor: _____

PLEASE NOTE THAT THE NUMBER OF AVAILABLE SLOTS AT OVERSEAS SITES IS LIMITED. IN ORDER TO ASSIST THE COMMITTEE IN THE SELECTION PROCESS, PLEASE PROVIDE A 200-WORD PERSONAL STATEMENT AS DESCRIBED BELOW:

PERSONAL STATEMENT: OUTLINE YOUR REASONS FOR WISHING TO PARTICIPATE IN THIS ELECTIVE, WHAT YOU THINK YOU WOULD BRING TO THIS ELECTIVE, AND WHAT YOU WOULD HOPE TO GAIN FROM IT.

For additional space please use the next page

Name: _____

Signature_____Date_____