

**STATE UNIVERSITY OF NEW YORK DOWNSTATE MEDICAL CENTER
MIDWIFERY EDUCATION PROGRAM
INTERNATIONAL HEALTH POLICY PROGRAM
INTERNATIONAL STUDENTS APPLICATION CHECKLIST
2018**

Name: _____

- _____ Application
- _____ Letter of support/recommendation from program director or university faculty (in a sealed envelope with evaluator's signature across the seal). A **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
- _____ Health, Accident, Medical Evacuation and Repatriation Insurance premium payment \$117.90/month or \$65.18/up to 16 days (International Money Order made out to **SUNY Downstate Medical Center** or fee may be paid via credit card upon arrival)
- _____ Residence Hall Housing Application (if require housing)
- _____ Flight Information

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

Signature: _____ Date: _____

E-mail Address: _____

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, CHSE
Clinical Associate Professor
International Project Director**