

**STATE UNIVERSITY OF NEW YORK DOWNSTATE HEALTH SCIENCES UNIVERSITY  
MIDWIFERY PROGRAM  
INTERNATIONAL HEALTH POLICY PROGRAM  
INTERNATIONAL STUDENTS APPLICATION CHECKLIST  
2020**

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 \$131.69/month; \$69.45/up to 16 days; \$4.72 daily rate (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 Health Sciences University  
Midwifery Program  
450 Clarkson Avenue MSC 1227  
Brooklyn, N.Y. 11203-2098  
Attention: Aleida Llanes-Oberstein, CNM, MS, FACNM, CHSE  
Clinical Associate Professor  
International Project Director**