

SUNY DOWNSTATE MEDICAL CENTER
COLLEGE OF MEDICINE

**ADVANCED YEAR (MS4) INTERNATIONAL EXTRAMURAL ELECTIVE
PROCESSING FORM**

NOTE: Approval is not granted if the country is listed with a US State Department Travel Advisory warning. This form must be completed and submitted to the Office of the Registrar with your Elective Approval forms at least 3 weeks **BEFORE** you depart and in order to be eligible to receive academic credit. **No retroactive credit will be granted.**

Attach the appropriate documents as specified.

**Write your initials as
each step is completed**

1. Acceptance letter/form from the Overseas Elective Sponsor **AND** the signed approval form from your clinical assistant dean **AND** the signed approval of SUNY Downstate department chair that they will grant elective credit for this elective.

_____ (date & initial)

2. Attach documentation from your health insurance company or proof that you have purchased the SUNY System medical repatriation coverage (available from the Bursar's Office for nominal fee)

_____ (date & initial)

3. Go to the Center for Disease Control's Traveler's Health (<http://www.cdc.gov/travel>) to review **required** and **recommended** vaccinations and other health advisories. [Indicate the name of the physician who administered any vaccinations for this trip. _____]

_____ (date & initial)

Go to the US Department of State's Travel Information Website (<https://travel.state.gov/content/travel/en/international-travel.html>) to

4. read the Travel Warnings _____ (date & initial)
(<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html> and

5. and Public Announcements _____ (date & initial)
(<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>)

6. and Consular Information Sheet for the country you are traveling to _____ (date & initial)
(<https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages.html>)

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7. Print the Name and Telephone Number of your USA family member who you have notified of your trip and who has your itinerary

Name _____
Relationship _____
Telephone Number _____

8. Print the Name and Telephone Number of the contact person **overseas** who can reach you in case of an emergency (who we can telephone in case we need to reach you)

Name _____
Relationship _____
Address _____
Telephone Number _____

9. Signed SUNY Downstate Consent and Release Risk Waiver Form (available from Office of the Registrar)

_____ **(date & initial)**

Return completed form to the Office of the Registrar a minimum of 4 weeks **BEFORE** you leave the United States and in order to be eligible to receive academic credit. Approval is not granted if the country is listed with a US State Department Travel Advisory warning.

Received by the Office of the Registrar _____
Date stamp

Elective Country _____

Copy of completed International Extramural Elective Processing Form and Consent and Release Risk Waiver form to VP for Student and Academic Affairs for review.

Reviewed by VP Student and Academic Affairs (date) _____

**STATE UNIVERSITY OF NEW YORK
DOWNSTATE MEDICAL CENTER**

COLLEGE OF MEDICINE

**AGREEMENT and RELEASE
International Electives**

Participant's Name: _____

Local address, telephone, fax and e-mail:

(Street address)

(City)

(State)

(Zip)

(Telephone number)

(FAX number)

(e-mail address)

Elective Title

Elective Location

The following Agreement and Release is designed to protect participants in programs while abroad. All students are required to discuss their travel and elective plans, complete and sign this form, and return it to the Office of the Registrar one month prior to beginning an elective abroad.

If a student has a history of any medical problems during the previous two years, consultation with your personal physician is recommended prior to departure to discuss the potential stress and difficulties attendant in traveling and studying overseas. Also, the Course Director should be informed of any medications being taken by the participant.

1. Participation in the above program is entirely voluntary, and will require transportation to and habitation in a foreign country, and may involve risks relating to or arising out of program activities.
2. Participant understands that there are risks inherent in such activity, and acknowledges that he or she has been apprised of such risks (to the extent such risks are known to SUNY), and agrees to assume all risks and responsibility for his/her health, safety, and property while participating in this program.
3. Participant releases the State University of New York, their officers, trustees,

overseers, agents, and employees from any and all liability, damage or claim of any nature whatsoever arising out of, or in any way related to participation in the overseas program, including, but not limited to, any medical authorization given to SUNY, acts of God, acts or omissions of any third parties (including but not limited to common carriers, hotels, restaurants, or other firms or agencies).

4. Participant agrees to be responsible for any damage or liability incurred as a result of any illness or accident Participant may suffer, including the costs of any medical care not covered by insurance, or any injury or damage to any person or property of others which Participant may cause, and for any financial liability or obligation which Participant may personally incur, while participating in the program.
5. Participant understands that Downstate Medical Center reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions, or in the interest of any group with which the Participant may be traveling or collaborating.
6. Participant understands that the State University of New York requires that the Participant be covered by appropriate accident and medical insurance and that he or she be financially responsible for such expenses. Participant also agrees that if he or she is planning to operate a motor vehicle during his or her participation, Participant must obtain liability and collision insurance that will cover him or her in the applicable foreign countries. The State University of New York Downstate Medical Center recommends that Participants insure their property from loss and theft.
7. Participant understands and agrees that all students are subject to State University of New York, Downstate Medical Center regulations, the host program's and/or university's laws, rules, regulations, program guidelines, and laws of the host country. In the event of violation of any of the foregoing, or any other behavior which is detrimental to the Participant, other students, or the program, the director of the program shall have the right to dismiss the Participant from the program. The University is not responsible for the defense of a Participant accused of a violation of the laws, regulations, rules or customs of the host country, and is not responsible for the payment of any fines or other penalties resulting from such violations.
8. Participant pledges and agrees to conduct him or herself in a manner that reflects favorably on the State University of New York Downstate Medical Center, and the United States.
9. Participant understands that the manufacture, distribution, possession, use or sale of controlled substances as defined by New York State or Federal law, or the laws of the host country is prohibited during travel, study, and work abroad. Participant understands that he or she will be directly subject to the laws and legal procedures as applied to the use, possession, and distribution of illegal drugs as enforced by local authorities.
10. Participant further understands and agrees that he or she is solely responsible for ascertaining the lawful age for the possession or consumption of alcoholic beverages in the host country, and for his or her conduct in compliance with local laws as enforced by local authorities.
11. Participant agrees that he or she will be responsible for all medical and related

expenses incurred while participating in the program. For medical and accident insurance, Participant agrees to obtain appropriate coverage.

- 12. Participant fully understands that the purpose of this elective is to provide him/her with an opportunity to observe and study the structure and functions of a health care delivery system, or some aspects thereof, in a foreign country.
- 13. The Participant fully understands that the University's insurance carrier will not provide malpractice/liability coverage to them during the time they are participating in this elective.
- 14. The Participant agrees to comply with all of the elective's requirements.
- 15. In the event of any emergency, contact:

Name & Relationship: _____

Local address, telephone, fax and e-mail:

(Street address)

(City) (State) (Zip)

(Telephone number)

(FAX number)

(e-mail address)

Signature

Print Name Date