

EVMS International Travel Application

Submit to: Risk Management Department

SECTION I: TRAVELER/TRAVEL INFORMATION

1. Traveler Name:

Date:

2. Department or Program:

3. Mobile Phone #:

4. Emergency Contact:

Name:

Relationship:

Phone:

5. Your status:

Student: Are you traveling as part of a group? No Yes - If yes, provide the name of the faculty advisor:

Resident or Fellow:

Faculty/Community Faculty. Are you traveling with students as part of an organized activity? No Yes – If yes, provide the names of all students who will be traveling with you (Note: please advise students that they must also submit a separate application).

6. Activity (check all that apply):

Global Rotation/Externship for Program Credit - Complete the following:

Name of hospital, practice group, company, or organization:

Name of supervising individual:

This is:

Observation only/non-clinical

Hands-on patient experience

Both

Educational or Other Experience without Program Credit – Briefly describe:

Research – Briefly describe:

Name of Principal Investigator:

Humanitarian Trip – Briefly describe:

Other - Briefly describe:

7. Travel Itinerary (if multiple locations, list full itinerary, but do not include airport stops unless an overnight layover is required):

From:	To:	Date

8. Who is paying for this travel*:

- I am.
- An EVMS Dept./Center/Institute or area as follows:
- EVMS Student Organization as follows:
- A 3rd party organization (e.g. Operation Smile, church group, etc.) as follows:

- Other (specify):

*Note that any travel that will be paid by EVMS must be also be approved by Business Management prior to submitting this application.

9. Housing Arrangements:

- Hotel
- Staying with relatives/friends
- Arranged by site
- Other (Specify):

10. Vaccinations received as required by the CDC for travel site? (Requirements vary widely by specific site, sometimes by different region in the same country so check specific location)

No Yes

11. U.S. State Department notified of intended travel destination and dates?

No Yes Date Notified:

12. International Travel Assumption of Risk and Release of Liability Form is signed and included with this application.

No Yes

I hereby certify that the above information is true and correct. I understand that:

- EVMS funds may not be expended until/unless I am notified that my travel has been approved and I will be required to reimburse EVMS if I make travel arrangements with EVMS Funds and my application should be denied.
- If my travel plans should change, I must notify Risk Management.
- The international travel and/or the arranged experience may be cancelled if the country to which I wish to travel experiences a change in circumstances (i.e. US State Department warning level or CDC Outbreak Notice). If I am paying for travel with my own funds, travel insurance is strongly recommended.

Traveler Signature

Date

SECTION II REQUIRED APPROVALS

Supervisor or Program Director	
I have reviewed the application above and approve this travel.	
Signature: _____	Date: _____
Print Name:	
Department or Program:	
For Students Traveling for Credit: Clinical Educational and Support	
Signature: _____	Date: _____
For Residents and Fellows: Vice-Dean for Graduate Medical Education	
Signature: _____	Date: _____