MUSC Pediatric Global Health Elective Application

Section 1: Resident

Last Name: First Name
Address:
Telephone: Cell phone:
E-mail:
Year of Training:
Emergency Contact: Relationship to you:
Telephone: E-mail:

Section 2: Host Information

Destination Country:
Is there a State Department travel warning issued for this country? (Check http://travel.state.gov) Yes/No
Where will you spend your field site time? (Check all that apply)
Large City Small City Town Village
Organization Name:
Does this organization have an established affiliation agreement with MUSC? Yes/No
Contact name: Title:
Telephone: Fax:
E-mail:

Section 3: MUSC Elective Mentor

Name: Division:
E-mail: Phone:
Section 4: Elective Information

1. Provide a brief overview of the elective including information on the region, facility, and your anticipated work responsibilities.

2. What are your specific objectives for this elective (minimum of 3)?

3. What child health problems are you likely to encounter during this elective?
4. What personal and professional challenges might you encounter during this elective?

5. How might this elective impact your future practice as a pediatrician?

6. Describe any previous experiences working abroad and/or experiences that helped to cultivate your interest in global health.