

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: _____

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.