

FACULTY-LED INTERNATIONAL PROGRAM PROPOSAL FORM

Please note: All the information below must be completed before the program proposal form will be reviewed. If a section does not apply to the program you are leading, please type NA in the designated fields. You are required to complete the attached budget and emergency action plan worksheets. Program proposal forms should be received in the Office of Global Health (OGH) at least 4 months prior to the program start date. *This form does not replace the written approval the President's Office requires for all TTUHSC sponsored foreign travel by faculty or staff as designed in OP 79.04.*

International Program and Program Administrator/Leader Information

Program Title:

Program Site*:

Has the U.S. Department of State (DOS) issued a Travel Warning for the Program Site?

Yes No

A list of DOS Travel Warnings can be found at the following link:

<http://travel.state.gov/content/passports/en/alertswarnings.html>

If yes, please print, read, and attach.

What is the International SOS (ISOS) Travel Risk ranking for the program site?

Travel Risk rankings can be found at the following link: <https://www.internationalsos.com/>

To identify the travel risk ranking, log in using the TTUHSC membership number (11BCAS562346) then select the country of interest from the drop down box.

Insignificant Low Medium High Extreme

Please note: If the DOS has issued a travel warning and/or the ISOS Travel Risk ranking is High or Extreme, the supplemental Restricted Region questionnaire must be complete (see page 13).

Program Leader/Administrator:

Program Leader/Administrator phone number:

Program Leader/Administrator e-mail address:

Program start date:

Program end date:

Notes about program start & end date:

Description of program/course to be offered: (If extensive field work/travel/study outside of the designated program site* is an integral part of a course, please include detailed information regarding the location and approximate number of days involved, etc., for such travel. **Please note:** If participants travel to a country other than the designated program site*, participants are responsible for registering their travel plans on the [STEP website.](#))

Estimated cost of program per participant (**please complete the attached budget worksheet**)

Benefits of this program site:

Challenges of this program site and how the challenges will be addressed:

Host Country and Travel Information

Collaborating institution/organization hosting students:

Legal status of collaborating institution (e.g., public, private, NGO, faith-based organization):

Collaborating institution website:

Collaborating institution address:

Contact name:

Contact phone number:

Contact e-mail address:

Does the host country require a visa for the activities proposed in this international program? __ Yes __ No

If yes, please provide information about the type of visa required:

Does the host country require any vaccinations/immunizations prior to entering the country? If yes, please list and include a timeframe for when vaccinations should be obtained. If no, are there any recommended vaccinations/immunizations that participants will need to acquire prior to the trip? Please include a timeframe for when vaccinations should be obtained.

What are the major safety & security concerns for the host country/site?

What are the major cultural differences students need to be aware of?

Travel arrangements to host country:

Group flight

Independent flight arrangements, students to be met by administrator on arrival

Other:

Travel arrangements in host country:

Housing arrangements on-site (include address below):

Hotel

Homestay families arranged by:

Student residence halls

Other:

Address abroad:

Classroom arrangements on-site:

Student Information

Number of students accepting:

Please note: For programs occurring in **Jinotega, Nicaragua**, a cap of 28 participants **total** (including faculty, staff, & students) has been recommended.

Type of student this program is suited for (i.e., any student from any school, 4th year medical students, senior level nursing students, etc.):

Application open date:

Application close date:

Please note: All participating students must complete an application. Please direct students to the Office of Global Health web site to complete the on-line application.

Screening of students performed by:

Criteria for participant selection:

Educational Supplies/required resources (include books, websites, and other reading material, etc. students must obtain or access for the program):

Please list any dates (i.e. payment due dates, date to purchase airfare, date to register with collaborating organization, etc.) students should be aware of:

Additional Instructors Information

Name(s) of additional instructor(s) assisting with the program:

Instructor-to-student ratio:

Please note: A minimum of 2 faculty/instructors is required unless alternate arrangements have been made. A ratio of 1 faculty for every 4 students is suggested. Please check with your school regarding school-specific ratio requirements.

Do **ALL** instructors involved in the program have a license to practice medicine, nursing, pharmacy, or any of the health professions in the host country? Yes____ No____

If yes, the program leader/administrator must maintain a copy of the valid and current license. If no, please explain.

Health & Safety Information

Students are required to obtain international health/medical evacuation (MEDEVAC) insurance. Will international health/MEDEVAC insurance be obtained through the TTU System provider or will alternate arrangements be made? (Current rate is less than \$2 per day per person.)

- Yes (Will be completed during pre-departure orientation)
 No, alternate arrangements will be made (please specify):

Will you and/or any additional instructors traveling with the participants need to purchase international health/MEDEVAC insurance through the TTU System provider?

- Yes (Please contact OGH for additional information)
 No, please explain:

Please note: As of January 2014, all international programs that include direct patient care are required to have a Post Exposure Prophylaxis (PEP) kit available. For faculty-led programs, the program leader/administrator is responsible for obtaining the kit from the Office of Global Health. Please contact the Office of Global Health prior to the departure date to make arrangements for the receipt and return of the PEP kit.

Pre-travel debriefing with International SOS

Prior to approval, the program leader/administrator is required to complete a pre-travel briefing with ISOS. To conduct the debriefing, please contact ISOS at 1-215-942-8226. Notify the ISOS representative that you are a member of TTUHSC and where you are traveling to. The representative will provide a case number that must be referenced on this document. The representative will provide health and safety information about the site and can answer any additional questions you may have. Please allow 30-45 minutes for the security briefing.

ISOS Case Number:

Emergency action plan

(Please complete the attached emergency action plan worksheet. Include any information gathered from the ISOS pre-travel security briefing.)

Additional Notes

While not required, the Office of Global Health encourages the program leader/administrator to conduct pre-trip meetings. The pre-trip meetings are intended to help build group unity and to prepare the students for various experiences in the host country. Possible topics for discussion include the following: history and demographics of the country, health demographics and health delivery system, culture, training for specific projects the group will be involved with (i.e., pediatric exams), differences between the host country and the U.S., preparing for educational projects the group will deliver while abroad, and ethical issues students may encounter while in the host country.

In addition to pre-trip meetings, the Office of Global Health also encourages the program leader/administrator to conduct debriefings while the group is abroad. Occasional debriefings during the trip can be a valuable component of the student's education and can provide an opportunity to discuss challenges and ethical issues the group may encounter.

Signatures and Approval

Program Leader/Administrator:

It is the program leader/administrator's responsibility to ensure all students participating in this program comply with OP 10.29, International Programs for Students and complete all [pre-departure requirements](#):

Faculty signature: _____

Date: _____

Printed name

Approval:

Department Chair: _____

Date: _____

Printed name

Dean: _____

Date: _____

Printed name

Senior VP of Academic Affairs: _____

Date: _____

Printed name

Director, Office of Global Health: _____

Date: _____

Printed name

Additional Signatures

Program administrators/leaders located at a campus other than Lubbock should obtain the signature of the regional dean, if applicable.

Regional Dean: _____

Date: _____

Printed Name

All faculty-led programs conducted in **Jinotega, Nicaragua** must obtain the signature of the Global Health Liaison for Nicaragua, Patti Patterson, MD.

Global Health Liaison: _____

Date: _____

Printed Name

Please complete the budget worksheet below:

Expenditure	Estimated cost per person
Program Fees/Tuition	
International Flight	
Visa (if required)	
Immunizations (if required)	
MEDEVAC/International Health Insurance	
Housing/Accommodations	
Food/Meals	
On-site Transportation	
Books/Educational Supplies (if required)	
Other:	
Other:	
Other:	
<i>TOTAL ESTIMATED COST per person:</i>	

Please complete the emergency action plan worksheet below. An emergency action plan is the course of action the group will take in an emergency or crisis situation. The emergency action plan should be discussed with students participating in the program. A copy of the information provided below will be distributed to students during the pre-departure orientation conducted by the Office of Global Health.

Know the Chain of Command: Who is the designated contact person? This person will manage the emergency situation, access assistance for the group, and maintain contact with OGH throughout the crisis. Who will manage the emergency should the primary manager be incapacitated?

Know How to Access Assistance: Who will the designated contact person contact in the event of an emergency and/or how will the designated contact person gather more information about the incident before taking action? Who will the designated contact person contact for assistance first, second, and third?

Know How to Contact Each Other: If the group is separated, how will you maintain contact and relay information to each other? Students should exchange phone numbers with the faculty member(s) leading the program and other program participants.

Know Where to Go: Designate a primary and secondary meeting location. Include a map of the locations if necessary.

Know How to Get There: Be aware of and list all emergency transportation options (e.g., train, bus, rent-a-car, metro, airport) that will be utilized. Include phone numbers of transportation services and a map of the route, if possible.

Know Your Emergency Contact Information: Students should keep their wallet card with them at all times! Provide additional emergency contact information, if necessary.

Know How to Access Medical Care: Provide the name and location of the nearest hospital or medical facility. Include a map, if possible.

Know How to Communicate: List preferred and alternate methods of communication (e.g., cell phone, Skype, landline phone, e-mail, fax, local radio stations, government radio networks) students should use.

Back-up Plan: If the situation does not permit the group to follow the original emergency plan, what is the back-up plan?

Emergency Supplies & Resources: What specific first aid kit supplies do students need to provide? What supplies will students need to carry with them to the designated meeting location if an emergency should occur? What resources (e.g., food, clean water, money) will you have at your disposal? How many days will you be able to provide for the participants with the emergency resources?

Special Conditions: List any country specific dos and don'ts regarding safety and security students need to be aware of prior to departure.

Restricted Regions Questionnaire

It is TTUHSC's policy that students may not travel to Restricted Regions for academic, professional, or other school-related purposes. A Restricted Region includes but is not limited to a country with a current U.S. Department of State Travel Warning and locations that have an International SOS (ISOS) Travel Risk rating of high or extremely high, whether or not there is a U.S. Department of State Travel Warning.

TTUHSC may grant exceptions to this policy on a case-by-case basis. Requesting an exception and submitting the required documentation for review does not guarantee travel approval. We strongly recommend that no travel arrangements be made until written approval to travel to the designated Restricted Region has been received.

For a faculty-led program to be considered for an exemption, the following questions must be answered as thoroughly as possible. The request will be reviewed by the Office of Global Health, the International Affairs Council, and the respective dean. The program leader/administrator will be contacted when a decision is made.

Rationale for the proposed program site: In as much detail as possible, please explain why this site was selected over similar sites that are not located in a Restricted Region.

Safety & security concerns: What are the safety, security, and/or health concerns identified by International SOS?

Risk mitigation strategy: Describe the measures that will be taken for mitigating the specific security risks identified by International SOS and/or the U.S. Department of State include what support is available to mitigate the concerns and relevant information about local support staff, including any related training or experience for managing health, safety, or security issues. Examples of such measures might include avoiding travel to certain neighborhoods or regions, using only specific means of transportation, not traveling alone after dark, etc.

Pre-departure awareness: What pre-departure risk training will be conducted with program participants to address safety and security concerns?

Risk notification statement: The following statement must be clearly presented to participants prior to departure and incorporated into any safety awareness print materials:

No Texas Tech University Health Sciences Center student, faculty, or staff can be required to travel to a Restricted Region. Any participation in travel to a Restricted Region is strictly voluntary, and the traveler assumes full responsibility for all risks associated with this travel.

In addition, it is important that all travelers understand and carefully consider the following risks:

- The U.S. Embassy nearest your destination may temporarily close or suspend public services for security reasons.
- The U.S. Embassy nearest your location may not be able to provide emergency assistance should you need it.
- If there is a need to evacuate in an emergency, flights may be suspended and other departure or shelter options in place may be limited or non-existent.
- Access to medical care and medications may be limited or non-existent.
- Risks of travel to your destination may include (but are not limited to) dangers to health and personal safety, including possible death posed by natural disaster, disease, terrorism, crime, civil unrest, and/or violence.
- Additional risks include (but are not limited to) minor and major physical injuries, emotional and psychological injuries inflicted accidentally or intentionally by others, and /or catastrophic injuries, including paralysis and death.
- There may be additional health, safety, and security factors that have not been brought to your attention by TTUHSC.

Right to withdraw: In the event of approval, TTUHSC retains the right to withdraw approval and/or require return to the U.S. This may occur if there is a change in the health/safety/security climate of the region of interest.

Faculty signature: Restricted Region

By signing/typing your name below, you (the faculty requesting approval to conduct a faculty-led program in a Restricted Region):

- Certify that the information provided in this request form is true and accurate to the best of your knowledge.
- Confirm that you have read and understood the U.S. Department of State Travel Warning or Alert for this location (if applicable) and the TTUHSC Risk Notification Statement (above.)
- Acknowledge the risks associated with the proposed travel.
- Confirm that any travel to a Restricted Region is strictly voluntary.
- Acknowledge that in the event of approval, TTUHSC retains the right to withdraw the exception and/or require return to the U.S.
- Acknowledge that in the event this request to travel to a Restricted Region is denied, the decision by TTUHSC to deny the travel is final.

Faculty signature

Date

Printed name

Academic endorsement: Restricted Region

By signing below, the dean of the school in which the faculty performs his/her duties certifies the following:

- The proposed travel is (check appropriate box):
 - Academically necessary
 - Academically important
 - Not academically necessary or important
- The school supports the academic purpose and goals of the travel.
- The faculty is prepared to reasonably mitigate the accompanying risks.

Dean signature

Date

Printed name

International Affairs Council Review:

Date reviewed:	
Approved:	<input type="radio"/> yes <input type="radio"/> no
IAC council signature:	
Date notified faculty:	