Administrative Requirements for International Study

PRE-DEPARTURE FORMS CHECKLIST

1. _____ Written approval from the Senior Associate Dean for Undergraduate Medical Education for intended international destinations. (** if seeking academic credit for an international clinical experience as a senior medical student, additional information is required, including written goals/objectives for the rotation, expectations, student responsibilities, location/institution for clinical experience, how student will be evaluated and name/contact of physician who will complete the evaluation form. Please contact the Senior Associate Dean for Undergraduate Medical Education for further questions about this.)

   Approval signature

2. _____ Student Code of Conduct Form

3. _____ Emergency Contact Form

4. _____ Guidelines for International Study Abroad to Promote Health Safety of Students Completion Form

5. _____ Acceptance letter from foreign institution stating a formal commitment to supervise and be responsible for student.

6. _____ Student Travel Info on https://goabroad.miami.edu/?go=travel%5Fregistration, and register on https://www.red24.com/affiliate/chartis/um/

7. _____ International Study Waiver

8. _____ Next of Kin/Guardian release for students engaged in study abroad (under 18 yrs. old)

9. _____ Obtain health insurance coverage in foreign region, including evacuation insurance and provide proof. Note if evacuation insurance is covered in the health policy.

10. _____ Copy of passport

11. _____ Sponsor must log on to http://www.miami.edu/index.php/study_abroad/faculty/#UniTripFaculty

   Name of Sponsor

12. _____ Please refer to this website http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html to ensure that the country you are visiting is not on the Current Travel Warnings list. If your destination country is listed, you MUST complete the authorization form enclosed. Dr. Mechaber will sign form before submitting to Dr. Goldschmidt for final approval.

13. _____ Return all completed forms to the University of Miami Miller School of Medicine, Office of Student Affairs, Sheryl Morrison FOUR weeks prior to travel to any foreign country for international study. Any questions please call 305-243-2002 or email: smorrison@med.miami.edu.

Updated 07/11/13
Student Code of Conduct and Program Participation
International Study Abroad

While abroad, students are subject to the rules and regulations of the host institution, the laws of the host country, the Medical Student Rights and Responsibilities Handbook (http://www.mededu.miami.edu/meded/divisionsFolder/student_affairs/e-docs/Medical_Student_Rights_and_Responsibilities_Handbook_2011_12.pdf), and the student code of conduct from the student’s home institution. Each student is an ambassador for the student’s home university and should use appropriate behavior at all times that is reflective of the code of conduct required by the student’s home university and that of the overseas host institution.

Violations that occur abroad may subject UM students to disciplinary action upon return to UM in accordance with the Medical Student Rights and Responsibilities Handbook. In the event of a violation abroad that results in the termination of the student’s participation in the program, the student will receive no refund, will not receive academic credit for the program, and the return to the student’s home shall be at the student’s personal expense.

By signing below, I confirm that I understand and agree to the above.

________________________________________
Printed Name

________________________________________
Signature Date
Emergency Contact Form
International Study Abroad

Student Name ________________________ Passport Number ________________________

Student ID Number ________________________

In the event that I am in danger, injured, incapacitated, suffer loss, damage or annoyance, as determined in the sole discretion of University of Miami personnel, I authorize the University of Miami to contact the following relatives or guardians:

_________________________ __________________________
Name Address

_________________________ __________________________
Daytime Telephone Evening Telephone Cellular Telephone

_________________________ __________________________
Pager Number E-mail address

_________________________ __________________________
Name Address

_________________________ __________________________
Daytime Telephone Evening Telephone Cellular Telephone

_________________________ __________________________
Pager Number E-mail address
Guidelines for International Study
to Promote the Health and Safety of Students

It is necessary that all students going abroad on UM sponsored/related international programs have health insurance that covers emergency evacuation to a US medical facility, repatriation of remains and adequate medical and accident coverage for the entire duration the student is abroad. If your current health insurance does not cover emergency evacuation and repatriation, you may purchase this coverage from the University of Miami’s Student Health Center, for a small fee if you have alternative medical coverage. Students with the UM medical insurance have this coverage embedded in the policy. Review your insurance coverage carefully. Most medical providers require payment immediately for services rendered abroad; therefore, you must be prepared to make payment upon receiving medical services abroad. Please keep your receipt(s) and submit the receipt(s) to your insurance company for reimbursement. It is your responsibility to inform yourself of the coverage that your insurance policy provides and the procedures for reimbursement.

By signing this form I confirm that I have the necessary health coverage as stated above for the duration while I am abroad and that I have complied with the required pre-departure forms and preparations. Including gathering information and advice about immunizations required for certain countries, from the sources below concerning any political problems or health hazards which may place me at risk.

U.S. State Department http://studentsabroad.state.gov/ Phone: 202-647-5225
Date completed: ________________________________
Information obtained:

Centers for Disease Control http://wwwn.cdc.gov/travel/default.aspx Phone: 404-639-3311
Date completed: ________________________________
Information obtained:

World Health Organization http://www.who.int/en/
Date completed: ________________________________
Information obtained:

Date of registration at the State Department or consulate/ embassy of the country of your citizenship: ________________________________
I, the undersigned student, have consulted with the organizations listed above regarding travel advisories to the country (ies) of ________________________________

Student Signature ________________________________ Date __________________
Printed Name ________________________________
Student Travel Information Form
International Study Abroad

On this form, please indicate the departure and arrival information for all legs of your University of Miami related travel both to and from the specific program location. You are also asked to indicate the dates and locations of any other travel that you may undertake as part of your program abroad. You are encouraged to attach to this form an itinerary that you have received from the program’s leader/sponsor to fulfill this requirement. If you do not have an itinerary, please use the spaces on page to indicate any additional program-related travel. Attach additional sheets if necessary.

This form DOES NOT fulfill the University’s Student International Travel Policy which requires you to register all University related international travel with the red24 travel tracking system, but it is a good way to organize the information prior to your actual registration. You must register at https://www.red24.com/affiliate/chartis/um/

Approval must also be given by the Director of Risk Management four weeks prior to traveling to the following countries.
1. Colombia
2. Haiti
3. Mexico
4. Ecuador
5. All of the countries located on the U.S. State Departmental travel advisory warning page (http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html)

Name: ___________________________ UM id: ___________________________
Program: ___________________________
Location: ___________________________
Person Responsible to Supervise__________ Phone Number: ___________

**Departure to Program Location:**

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<thead>
<tr>
<th>Departure Date:</th>
<th>City:</th>
<th>Airport/Station:</th>
<th>Carrier:</th>
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<tr>
<td>Trip/Flight Number:</td>
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<td>Arrival Date:</td>
<td>City:</td>
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<td>Trip/Flight Number:</td>
<td>Arrival Time:</td>
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**Returning from Program Locations:**

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<th>Airport/Station:</th>
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<td>Arrival Date:</td>
<td>City:</td>
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<tr>
<td>Trip/Flight Number:</td>
<td>Arrival Time:</td>
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WAIVER, ACKNOWLEDGEMENT AND RELEASE AGREEMENT
FOR INTERNATIONAL STUDY/PROGRAM PARTICIPATION
PLEASE READ CAREFULLY – YOU ARE ASSIGNING AWAY LEGAL RIGHTS

I hereby acknowledge and agree that participation in the program to the country (ies) of
is not required by the University of Miami (“UM”) and I further understand that my participation in the program may expose me
to risks and dangers, some being inherent in the nature of the program, some resulting from human error and negligence on my
part and/or on the part of other personnel working or participating in the program. I acknowledge that I am ultimately
responsible for my own safety and that UM has limited obligations to provide supervision and oversight for my safety on the
program. I acknowledge that my decision to participate in the program is completely voluntary. I have full knowledge of the
nature and extent of the risks associated with travel to the foreign country including:

All manner of injury resulting from or associated with transportation to and from the foreign country. All manner of injury resulting from or associated with
traveling and residing in a foreign country, including but not limited to detention, annoyance, quarantine, strikes, failure of conveyances to move as scheduled,
civil disturbances, criminal acts such as thefts, kidnapping, assault and robbery, injury to my person or property, acts of God, fire, unfamiliar cultures, languages
and traditions, political instability, outbreak of war and violence, terrorism, diseases and health hazards. All manner of injury resulting from or associated with
staying in a location and participating in a program that is not owned or operated by UM, including injuries that may occur due to the use of different standards
of care regarding blood borne and airborne pathogens, as well as different standards of care applied to other areas of medical practice. All manner of injury
resulting from the use of any vehicle, the occurrence of strikes, war, acts of terrorism, governmental restrictions or regulations, or the acts of omissions of any
water carrier, airline, railroad, bus company, taxi service, hotel, restaurant, school, university, or any other firm, agency, company, or personal injury, property
damage, death or accident of any kind, arising out of or in any way related to my participation in the program, whether I am being supervised or not, and
however the injury or damage is caused, including but not limited to the negligence of UM, its employees or agents.

I acknowledge that the above is not inclusive of all possible risks associated with my participation in the program and that the
above in no way limits the extent or reach of this release and covenant not to sue. I further acknowledge that I am voluntarily
assuming these risks. I acknowledge that any of the above-referenced risks and dangers may cause damage or loss of personal
property, personal injury and even death, and I fully assume and accept these risks and dangers. I acknowledge that the UM
assumes no responsibility or liability for the conduct, activities and travel plans of students prior to the commencement of the
program and after the conclusion of the program as well as on non-program related activities and travel during the course of the
program.

In consideration of UM permitting me to participate in the program, I hereby waive and release UM, its agents and employees
from and against all claims or causes of action which I may have, now or in the future, relating to any injury, loss damage,
accident, delay or expense arising out of my participation in the program. I hereby agree to exonerate, indemnify and hold UM,
its agents and employees harmless from and against any and all obligations or liabilities for which I may become liable as the
result of damage or injury to the person or property of others while participating in the program. I expressly acknowledge and
agree that UM, its agents and employees shall not be responsible for any injury or loss whatsoever suffered by me during a
period of independent travel while in the foreign country or during any absence from activities supervised by UM.

I further waive and release on behalf of myself, my heirs, representative, executors, administrator and assigns, UM, its officers,
agents, and employees from any cause of action, claim, demand, loss, delay, expense or cost of any nature whatsoever, which I
my heirs, representatives, executors, administrators and assigns may have now or in the future against UM on account of
participation in the program.

I understand that I will be solely responsible for any loss or damage including death, I sustain while participating in the program
and by this agreement I am relieving UM of any and all liability for such loss, damage or death.

During my participation in the program, I hereby grant UM, its employees and agents full authority to take whatever actions they
may consider to be warranted under the circumstances regarding the protection of my health and safety, and I hereby release
each of them from any liability for any such decisions or actions as may be taken by them in connection therewith. The authority
granted in the preceding sentence shall include the right to place me at my own expense, and without further consent, in a hospital, within or outside the United States, for medical services and treatment or if no hospital is readily accessible, to place me in the hands of a local medical doctor for treatment. If it is deemed necessary or desirable by UM, its employees or agents, I authorize them to transport me back to the United States by commercial airline or otherwise at my own expense for medical treatment.

I hereby certify that I am in good health and that I have no physical or psychological limitations that would preclude my safe participation in the program. I further certify that I have or will secure health insurance to provide adequate coverage for any injuries and/or illnesses that I may sustain or experience while participating in the program, including coverage for medical evacuation and repatriation of remains. By my signature below, I certify that I have confirmed that my health care coverage will adequately cover me while outside the United States, and I hereby release UM and its employees and agents, from any and all responsibility and/or liability for health care costs and other expenses for injuries or illnesses, including death, that I may incur.

I agree that should any portion or aspect of this release be found to be unenforceable, that all remaining portions will remain in full force and effect.

I agree that, should there be any dispute concerning my participation in the programs that would require adjudication by a court of law, such adjudication will occur in the courts of, and be determined by, the laws of the State of Florida.

This release shall be interpreted and governed by the laws of the state of Florida. I have completed the requirements set out in the Guidelines for International Study/Program Participation to Promote the Health and Safety of Students and have completed and submitted the Emergency Contact Form to UM. Furthermore, if I am under eighteen (18) years of age, I have submitted the completed Consent and Release of Next of Kin for Students Enrolled in International Study.

I understand and agree to the following: Inherent to international travel and extended stays in other countries is the constant possibility of changing circumstances. Circumstances may change as a result of changing conditions in the United States, the host country and/or the host institution. As a result, UM reserves the right to change the program’s requirements, itinerary, accommodations, activities, and educational and non-educational programs offered. UM further reserves the right to make any changes to the program to ensure the safety of the program’s participants and staff. In the event of any changes, no reimbursements will be offered. I understand that UM will not provide support for accompanying non-participants in the program, and such persons may not participate in any course and program-related activities.

I understand that the terms of this agreement are legally binding and that I am signing this agreement, after having carefully read it of my own free will and after having the right to consult with an advisor, counselor or attorney of my choice.

IN WITNESS WHEREOF, this instrument is duly executed in , .
(City) (State)

This day of , 20 .

______________________________  ________________________________
Student - Name Printed          Witness – Name Printed

______________________________  ________________________________
Student Signature               Witness Signature

**Please note that this form does not need to be notarized.**
Consent and Release of Next of Kin for Students Enrolled in International Study

ONLY FOR STUDENTS UNDER 18 YEARS OF AGE

In consideration of UM permitting my relative to participate in the international program (hereafter “program”), I, the undersigned agree to and do release on behalf of myself, my heirs, representative, executors, administrator and assigns, UM, its officers, agents, and employees from any cause of action, claim, demand, loss, or cost of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may have now or in the future against UM on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my relative, participation in the program whether he or she is being supervised or not and however the injury or damage is caused including but not limited to the negligence of UM.

In consideration of my relative’s participation in the program, I agree and do indemnify and hold harmless UM from any and all causes of action, claims, demand, losses or costs of any nature arising out of or in any way relating to my relative’s participation in the program.

I hereby certify that I have full knowledge of the nature and extent of risks inherent in my relative’s participation in the program, including the risks associated with transportation to and from the foreign country, the risks described above and other risks that my relative is voluntarily assuming. I understand that he or she will be solely responsible for any loss or damage including death, he or she sustains while participating in the program and by this agreement I am relieving UM of any and all liability for such loss, damage or death.

I hereby certify that I have read the Release, Indemnification of All Claims and Covenant Not to Sue for International Study signed by my relative.

I understand that the terms of this agreement are legally binding and that I am signing this agreement, after carefully having read same, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed in ______________________
This __________ day of ______________________ 20 ____.

__________________________ Next of Kin/Guardian to ____________________________
Name Printed student name – relative

__________________________
Signature

__________________________ Witness – Name Printed

__________________________ Witness - Signature
INTERNATIONAL TRAVEL AUTHORIZATION FORM  
(FACULTY AND STAFF)

Faculty and staff traveling on University business and/or study to foreign countries must complete the Travel Authorization form and submit it to their Vice President, Dean or Business or Fiscal Officer for approval prior to departure. Once approved, faculty/staff must register their travel plans with Red24 and print a copy of the UM Travel Assistance Card prior to travel. The University will not reimburse travel expenses for faculty and staff traveling on a University trip to foreign countries unless they register their travel information with Red24.

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<tr>
<th>PERSONAL INFORMATION</th>
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<tbody>
<tr>
<td>Name of Traveler/Employee:</td>
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<tr>
<td>Department Name:</td>
</tr>
<tr>
<td>Office Phone Number:</td>
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</table>

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<tr>
<th>TRAVEL INFORMATION</th>
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<tbody>
<tr>
<td>Travel Destination(s):</td>
</tr>
<tr>
<td>Departure Date (from US):</td>
</tr>
<tr>
<td>Arrival Date (to US):</td>
</tr>
<tr>
<td>Traveling by (please check one): Air ____ Sea ____</td>
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</table>

(Transportation details will be requested during Red24 registration)

Purpose of Travel (please be as specific as possible)

<table>
<thead>
<tr>
<th>Print Name of Traveler</th>
<th>Signature of Traveler</th>
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<tbody>
<tr>
<td>Date__________________</td>
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<table>
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<tr>
<th>Print Name of VP/Dean/Designee</th>
<th>Signature of VP/Dean/Designee</th>
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<tr>
<td>Date__________________</td>
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Travel to countries in the U.S. Department of State Travel Warning list or countries with which the United States does not have formal diplomatic relations requires Provost or his/her designee approval.

Provost/Designee Approval_________________________ Date____________________

Updated 04-2013