

## FACULTY-LED GLOBAL HEALTH 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 Diversity, Inclusion, and Global Health (ODIGH) at least 4 months prior to the program start date. *This form does not replace the written approval from the President's Office required for all TTUHSC El Paso sponsored foreign travel by faculty or staff as designed in OP 79.04.***

### Global Health Program and Program Administrator/Leader Information

Program Title:

Program Site:

(Country, City, Province)

Program Leader/Administrator:

Program Leader/Administrator mobile phone number:

Program Leader/Administrator e-mail address:

Program start date:

Program end date:

Description of program/course to be offered: (If more than one location, please include detailed information for all locations, approximate number of days involved, etc. **Please note:** Program participants may **NOT** travel to a country on the [Department of State's Travel Warning](#) list unless a formal process of waiver has been approved) Please refer to website for specific country information

Please list the country's risk rating for health and security provided by [International SOS](#):  
(Please see website for specific rating information)

Security Risk rating:

Health Risk rating :

Benefits of this program site:

Challenges of this program site:

## Host Country and Travel Information

Name of 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 vaccinations/immunizations prior to entering the country? If yes, please list.  
Include a timeframe for when vaccinations should be obtained.

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

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 participating students:

Application open date:

Application close date:

**Please note:** All participating students must complete an application. Please direct students to the Office of Diversity, Inclusion, and Global Health to complete the on-line application.

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:

Do **ALL** instructors involved in the program have a license to practice medicine, nursing, pharmacy, or any of the allied health professions in the host country? Yes\_\_\_\_No\_\_\_\_

If yes, please attach a copy of the valid and current license. If no, please explain.

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?

- 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 ODIGH for additional information)
- No, please explain:

**Please note:** As of February 2017, all students participating in a global health program will be required to obtain information on exposure to blood borne pathogens specific to the host country during the pre-travel briefing with International SOS (ISOS), which is Phase III of the Pre-Departure Orientation process facilitated by ODIGH. ISOS will provide information to the student in regards to a medical advisor that is appropriate in regards to location, language, cost, etc. for risk assessment and prescription of Post Exposure Prophylaxis (PEP) medication if needed. In the event of an actual exposure, ISOS will serve as the primary point of contact. ISOS will keep those in the Assessment and Response Team (ART) aware while ensuring patient confidentiality.

Emergency action plan (**please complete the attached emergency action plan worksheet**)

**Program Leader/Administrator:**

Students participating in this program must comply with OP 10.29, Global Health Programs for Students and meet all [pre-departure requirements](#):

**Faculty signature:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

**Dept. Chair/ Program Director:** \_\_\_\_\_

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

**Dean signature:** \_\_\_\_\_

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

**AVPSS signature:** \_\_\_\_\_

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

**SDODIGH Signature:** \_\_\_\_\_

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

**CGHC Signature:** \_\_\_\_\_

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

**President signature:** \_\_\_\_\_

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_

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:	
<b><i>TOTAL ESTIMATED COST per person:</i></b>	

# EMERGENCY ACTION PLAN

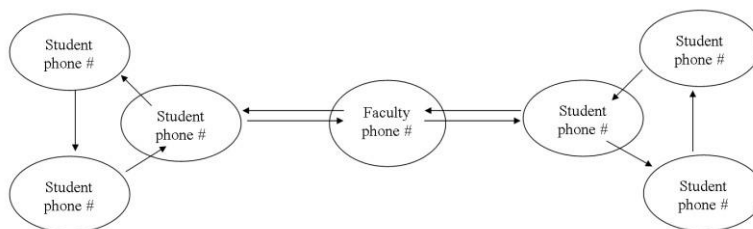
Please complete the emergency action plan worksheet below. An emergency action plan is the course of action the group will take in an emergency or crisis situation. The emergency action plan should be discussed with students. A copy of the information provided below will be distributed to students during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

Below are the components that comprise your original emergency plan:

**Know the Chain of Command:** Who is the designated contact person at the program site? The designated contact person is typically the program leader/administrator or other instructor traveling with the students. This person will manage the emergency situation, access assistance for the group, and maintain contact with ODIGH throughout the crisis. Who will be the alternate contact in an emergency should the designated contact person be incapacitated?

**Know How to Access Assistance:** Who will the designated contact person notify first and/or how will he designated contact person gather more information about the incident before taking action? Please list and describe calling tree that includes a primary, secondary, and third contact person in the event of an emergency.

**Know How to Contact Each Other:** If the group is separated, how will the designated contact person 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. A communication tree is often the quickest way to contact all participants (see example below). Please provide the communication tree for the program.





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

**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 the International SOS membership card and the ODIGH wallet card, which contains emergency contact numbers, with them at all times. List any additional emergency contact information, such as an in-country phone number, host country contact's phone number, etc.

**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, and government radio networks) students should use.

**Back-up Plan:** If the situation does not permit the group to follow your original emergency action plan, please list a back-up emergency action plan.

**Emergency Supplies & Resources:** What specific first aid kit supplies will be needed? What resources (e.g., food, clean water, money) will you have at your disposal? Who will be responsible for gathering the emergency kit supplies? How many days will you be able to provide for the participants with the emergency resources?

**Special Conditions:** List any country specific do's and don'ts regarding safety and security that students need to be aware of prior to departure as provided by the U.S. Department of State.