

## GLOBAL HEALTH ROTATION REQUEST FOR GME TRAINING PROGRAMS

July 28, 2023

Attn: Graduate Medical Education  
GME Office, HMAI R2-201

**RE: Request for Global Health Rotation:** \_\_\_\_\_

Dear Committee Members,

Please accept this letter as confirmation that the \_\_\_\_\_ is in full support of this request for a **Global Health Rotation** and this request is submitted on behalf of the program director, Dr. \_\_\_\_\_

**City and Country:** \_\_\_\_\_ **Sponsoring Organization:** \_\_\_\_\_

**Duration of the Global Health Rotation:**

**From** \_\_\_\_\_ **to** \_\_\_\_\_

**Describe brief educational rationale for request.**

**Name of the Faculty responsible for the trainees during their Global Rotation. Include Houston Methodist Faculty and Faculty at the host institution, if applicable. Please indicate the location in parenthesis next to each person's name.**

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**Name of Trainee(s) participating in the Global Rotation.**

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**Confirm the following:**

<input type="checkbox"/>	<p>The Program Director or designee is working with the Education Administration division (Shelby Raven) to establish a Program Letter of Agreement (PLA). The PLA will be executed prior to the start of the Global Health Rotation.</p> <p>Please attach the draft of the PLA to this request</p>
<input type="checkbox"/>	<p>The Program Director or designee has confirmed that the resident/fellow will have local licensure or its equivalent, and liability coverage prior to the start of the Global Health Rotation.</p>
<input type="checkbox"/>	<p>The Program Director or designee has reviewed the RRC requirement/restrictions.</p> <p>Please attach documentation of meeting the requirements for the specialty.</p>
<input type="checkbox"/>	<p>The Program Director or designee confirms that it will provide financial support to cover travel expenses, including transportation, housing, and meals.</p>
<input type="checkbox"/>	<p>The Program Director or designee confirms that the trainee is aware of all travel-related immunizations and other recommended prophylaxis.</p> <p>Please attached the communication provided to the trainee with this information.</p>

Please contact \_\_\_\_\_ for any additional information or details in support of this request

at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
**(Signature, Program Director)**

Program Director Name