APPLICATION FOR GLOBAL HEALTH COURSE
(MED 896A, FCM 896A/CPH 596A)
University of Arizona College of Medicine

PLEASE RETURN THIS FORM NO LATER THAN June 15
Online submission form located at:
http://globalhealth.arizona.edu/clinical-community-care-course/application-process

Please print all information

Today’s DATE: _____________________

I. NAME __________________________ MEDICAL or GRADUATE SCHOOL __________________________
   MAILING ADDRESS __________________________ MONTH and YEAR of expected (or prior) graduation
   CITY __________________________ STATE ______ ZIP __________ PHONE (home or cell) __________
   EMAIL ADDRESS __________________________

II. PLEASE ATTACH A BRIEF STATEMENT EXPLAINING YOUR INTEREST IN HEALTH
    CARE IN DEVELOPING NATIONS: This statement is considered in the selection process.

III. PRIOR EXPERIENCE IN DEVELOPING NATIONS: (This will not affect your selection.)

   NATION __________________________ YEAR AND TIME SPENT __________________________ PURPOSE (tourist/work/study/other) __________________________
   __________________________ __________________________ __________________________
   __________________________ __________________________ __________________________

IV. DO YOU HAVE A FUTURE EXPERIENCE SCHEDULED IN A DEVELOPING NATION?
   NO _____ YES _____ If “yes”: (1) How firmly set? __________________________
   (2) What nation(s)? __________________________ (3) When? __________________________
   (This may be considered in your selection.)

V. ANY SPECIAL BACKGROUND INTEREST OR NEEDS WE SHOULD KNOW OF?
   (These details will not affect your selection.)

VI. How did you find out about this course?

RETURN APPLICATION TO: AHEIMANN@email.arizona.edu
OR MAIL TO: RONALD E. PUST, MD
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE
PO BOX 245052
TUCSON, AZ 85724

Office Use Only:
Date Received __________ Date Accepted ________________