

University of Arizona
MED 891A Global Health Clinical Preceptorship

<u>Approval</u> Co-Director: Date:
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CLINICAL SITE APPROVAL FORM

Please complete as much information as possible and return to the global health coordinator, dposkus@arizona.edu.

Name	
Class Year	
Rotation Dates	
SITE: Continent & Country	
Site/Program Name	
Program Web Site (if any)	

Site Contact Person in USA (if any):

• Name	
• Street address	
• City, State, Zip Code	
• Email	
• Phone	
• Cell Phone	
• Fax	
• Job Title	

Supervising Mentor at Site: (required)

• Name (include credentials)	
• Street address	
• City, Province, Country	
• Email	
• Phone	
• Cell Phone	
• Fax	
• Job Title	

ROTATION ARRANGEMENTS:

How far in advance need to apply?	
Preferred means of communication:	<input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other:
Comments on contacting site	

LANGUAGE: (required)

Language(s) useful	
Fluency level required at site: (none, basic, more than basic)	
Is only English sufficient?	

COSTS -USD\$ (Optional)

Airfare	
Room/Month	
Board/Month	
Program Fee	
Other Travel	
Total Cost	
Comments:	

CLINICAL SITE DATA (required)

Type: Indicate all that are available to students at this site:

- Urban
- Rural
- Clinical Care
- Community Care/Public Health
- Other:

Facility (if hospital):

<ul style="list-style-type: none">• Number of Beds	
<ul style="list-style-type: none">• Lab/X-Ray?	
<ul style="list-style-type: none">• Surgery?	
<ul style="list-style-type: none">• OB?	
Does hospital or program serve defined area?	
<ul style="list-style-type: none">• Approximate area population	
Is there a community outreach program? (describe)	

Sponsoring agency:

- Government
- Church (faith-based)
- NGO or other (list)

Your Goals (to be used in evaluating site considering our goals (and yours) in global health). Also to be used if you apply for GPSC funds.