

UNTHSC – Clinical Education

International Clerkship Check-Off List:

Student/Doctor: _____ Period: _____

Destination: _____

Forms signed and on file:

____ UNTHSC Student Serving Clinical Clerkships Outside US – liability

____ Release Agreement

____ Procedure for Scheduling International Clerkships

Items checked and copies on file:

____ State Department Travel Advisory

____ CDC immunizations and precautions

____ International travel insurance including: *medical, accident, evacuation and repatriation*

____ Professional liability (per first form, above_

(We must have statement from the host institution/preceptor stating professional liability is not required and/or the provide it)

____ Emergency Contacts in **foreign country** and in **US**

____ Copy of passport

____ Goals and objectives for the clerkship

____ If *individual preceptor* – copy of CV, medical license and letter stating he/she agreed to take the student for clerkship

____ UNTHSC Clerkship Application and Approval Form

____ Approval/Acceptance letter from site/preceptor

____ S/D received copy of evaluation form (S/D to bring back completed form)

Comments: _____

Clinical Education

Date

Security Resources on the Web

Many online resources offer helpful information about safety and security for students, faculty members, and administrators in programs overseas:

U.S. Department of State Overseas Security Advisory Council <https://www.osac.gov/Pages/Home.aspx>

U.S. Department of State Travel Warnings and Consular Information Sheets
http://travel.state.gov/travel/cis_pa_tw/tw/tw1764.html

U.S. Department of State Tips for Students <http://studentsabroad.state.gov/>

Centers of Disease Control and Prevention National Center for Infectious Diseases: Travelers' Health
<http://www.cdc.gov/travel/index.htm>

Canadian Department of Foreign Affairs and International Trade
<http://www.canadainternational.gc.ca/ci-ci/study-etudie/index.aspx?lang=eng>

British Foreign & Commonwealth Office

<http://www.fco.gov.uk>

Australian Department of Foreign Affairs and Trade <http://www.dfat.gov.au/travel>

University of Southern California's Center for Global Education <http://www.usc.edu/globaled>

Travel Insurance Comparison Site <http://insuremytrip.com>

UNTHSC STUDENTS SERVING CLINICAL CLERKSHIPS OUTSIDE OF THE UNITED STATES:

All students of the University of North Texas Health Science Center at Fort Worth (UNTHSC) serving and conforming with the requirements of an approved clinical clerkship will be covered by UNTHSC’s professional malpractice insurance policy, provided that the approval clerkship is within the United States.

All UNTHSC students selecting a clinical clerkship outside of the United States:

- 1) Obtain documentation that professional liability and/or malpractice insurance is not required; and/or
- 2) Obtain documentation that professional liability and/or malpractice insurance is provided through the host institution or supervising preceptor; and/or
- 3) Obtain his/her own professional liability and/or malpractice insurance for the clinical clerkship.

In scheduling this clinical clerkship, I have read and understand the above information regarding the geographical limitations of coverage of UNTHSC’s professional malpractice insurance policy. Further, I understand that I am not an employee of UNTHSC and I freely accept the risks associated with serving a clinical clerkship outside of the United States.

I agree to fully indemnify and hold harmless UNTHSC, its Board of Regents, agent’s servants and employees, and all persons, natural or corporate, in privity with them or any of them, from any claims and/or suits that may arise from my serving a clinical clerkship outside of the United States.

Student Name

Signature

Class Year

Date

RELEASE

STATE OF TEXAS

**COUNTY OF TARRANT
PRESENTS**

KNOW ALL MEN BY THESE

RELEASE AGREEMENT

THIS AGREEMENT is made by and between University of North Texas Health Science Center at Fort Worth/Texas College of Osteopathic Medicine, hereinafter referred to as "UNTHSC"

_____ of _____
(name of student) (program)

Hereinafter referred to as "Student"

WHEREAS, Student desires to participate in a clinical clerkship ("Clerkship") to participate in patient care and/or public health and/or other educational activities in another country from

_____ to _____ in _____;
(date) (date) (name of country)

WHEREAS, in connection with the Clerkship, Student shall be responsible for the flowing:

- 1) Travel to and from the country where the clerkship will take place;
- 2) Compliance with all laws of the United States, International and Foreign Laws including but not limited to any immigration laws and the Student's repatriation;
- 3) All insurance including but not limited to health care, general liability and malpractice insurance, repatriation insurance and medical evacuation insurance;
- 4) CDC recommended immunizations for international travel;
- 5) Adherence to and compliance with State Department travel advisories;
- 6) Any medications and/or safety precautions relative to participation in a patient care and/or public health and/or other educational setting in another country.

NOW, THEREFORE, in consideration of the recitals set forth above the sufficiency of which is hereby acknowledged, Student has this day released and by these presents do RELEASE, ACQUIT AND FOREVER DISCHARGE, UNTHSC, its agents, servants and employees and UNTHSC, its Board of Regents, agents, servants and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of actions of any kind whatsoever, at common law, statutory or otherwise, which may arise as a result of the Clerkship, or might have, known or unknown, now existing or that might arise hereafter, directly or indirectly attributable to the Student's acts or omissions during the Clerkship, it being intended to release all claims of any kind which UNTHSC may incur as a result of Student's acts or omissions.

Student acknowledges and agrees that UNTHSC has no control over patient care and/or public health and/or other educational setting in another country. Student understands that there are risks associated with such patient care and/or public and/or other educational setting and Student acknowledges and agrees to undertake and assume these risks during the Clerkship and does hereby RELEASE, ACQUIT AND FOREVER DISCHARGE UNTHSC, its Board of Regents, agents, servants and employees, and all

persons, natural or corporate, in privity with UNTHSC or any of UNTHSC, from any all otherwise, which Student may have as a result of such risks.

It is expressly understood and agreed that the terms hereof are contractual and not merely recitals. Student warrants that he/she has read this Release Agreement and understands it to be a release of all claims, known or unknown, present or future, that the Student has or may have against the party or parties release, arising out of the matter described. Student warrants that he/she is legal age and legally competent to execute this Release Agreement. Student warrants that he/she executes this Release Agreement or his/her own free will and accord without reliance on any representation of any kind or character not expressed set forth herein.

Executed on this _____ day of _____, 20_____.

(Student's signature)

(printed name)

(UNTHSC Faculty's signature)

(printed name)

(date)

Procedure of Scheduling

International Clerkship:

Annually a number of UNTHSC students play to participate in elective clerkships outside of the United States. These Clerkships may be through an organized course of study or through an independently arranged experience. Frequently, the countries where these clerkships are planned present a variety of challenges and risks to students for which they may not be prepared. These may include unfamiliar cultures and languages, political instability, infectious diseases and other health hazards that are uncommon in the United States.

To assist students in preparing for these eventualities, UNTHSC requires that all students scheduling a for-credit clerkship with an international component do the following, prior to departing from the United States:

- Participate in a course, seminar or supervised self-study for cultural orientation and preparation for the trip, as necessary.
- Gather information concerning any political problems or health hazards that may place them at risk by consulting current State Department and Centers for Disease Control information. State Department – 202-647-5225 or http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html
CDC – 404-639-3311 or www.cdc.gov/travel/index.html

No clerkship will be approved in a country with an existing travel advisory from the State Department

- Obtain medical travel advice and immunizations appropriate for the country to which travel is planned.
- Obtain medical and accident insurance that includes provisions for emergency evacuation to a United States medical facility, as well as repatriation insurance.
- Obtain professional malpractice insurance.
- Complete the appropriate UNTHSC waiver and release agreement.
- Designate persons both in the foreign county and in the United States who may be contacted in the event of an emergency.
- In addition, competency or training in the local language is strongly encouraged.

Completion of these steps is the responsibility of the individual student and not the University of North Texas Health Science Center.

I have read and understand the above guidelines. I further understand that the decision whether to undertake study abroad is mine alone, and the University of North Texas Health Science Center bears no responsibility for any health or safety risks presented by such study.

Signed: _____ Date: _____

Printed Name: _____

General Procedures:

In addition to completing the "clerkship application and approval," scheduling an international clerkship includes having on file either a program description with goals and objectives, if through an organization, or a copy of the proposed preceptor's CV and medical license, if applicable, and a letter stating that he/she has agreed to take the student for the clerkship, in question.

All paperwork for scheduling an international clerkship should be complete and on file in the Office of Clinical Education 60 days in advance of the start of the planned clerkship.

Two insurance plans utilized by students from Class of 2002:

insurance@imglobal.com

Patriot Medical Travel Medical Insurance

Trip Protector

866-501-3254