



Global Health Endorsement of Applicant

I attest that _____ is a physician in good standing at UW Health and School of Medicine and Public Health, UW-Madison. I understand that he/she will need to be excused from usual clinical duties during the period of time he/she would be serving as a Global Health physician

I attest that:

- I have read and am familiar with the requirements for global health electives, the application and the specific goals and objectives for this elective.
- I have vetted and approved this individual who will be supervising the residents for the duration of their elective rotation.
- I have reviewed and discussed with this physician the travel alerts for the location of this elective.
- I know where the UWH Global Health Resident Elective Emergency Protocol is located and how to access this at any time.
- I have reviewed with this physician their responsibility to file an Incident Report with GME for any incidents that occur during a resident's global health elective (including but not limited to medical emergencies, blood-borne pathogen exposure, any disciplinary action, theft, assault, or involvement of local authorities or police).
- I will debrief with my this physician upon his/her return from this elective.

Signature

Date

K A Kelly McQueen, MD, MPH, FASA
Ralph M Waters Distinguished Chair in
Anesthesiology Chair and Professor, Department of
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