



Global Health Elective Program Director Endorsement of Applicant

I attest that _____ is a resident in good standing in our UWH residency program. I endorse his/her application for a UWH global health elective, and I have reviewed the goals and objectives for this elective. I have vetted and approved the individual who will be supervising the above resident for the duration of their elective rotation. I understand that he/she will need to be excused from usual UWH clinical duties during the period of time he/she would be completing this elective. I agree that this elective will not affect the resident's ability to be compliant with our specialty's Residency Review Committee program requirements. I have contacted our specialty Board as well as the Residency Review Committee to confirm this and I am including documentation of this as an addendum to this application. I have completed all items on the UWH GME Global Health Checklist for Program Directors. I understand that in the event that this resident's global health faculty mentor is unavailable, any urgent contacts from this resident will default to me (or my designee in my absence).

Printed Name of Residency Program Director

Signature of Residency Program Director

Date

Faculty Mentor Endorsement of Applicant

As the assigned global health elective faculty mentor for the above-named resident, 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 the individual who will be supervising the above resident for the duration of their elective rotation.
- I will help my mentee prepare for his/her elective rotation, this will include global health content specific to my specialty and a site-specific orientation based on where the resident will be rotating.
- I have reviewed and discussed with my mentee the travel alerts for the location of this elective.
- When at all possible, I will be available by pager and/or cell phone during the time my mentee is completing this elective. I recognize that if I am unavailable, urgent contacts from my mentee will default to the above-signed Program Director.
- I know where the UWH Global Health Resident Elective Emergency Protocol is located and how to access this at any time.
- I understand that it is my responsibility to file an Incident Report with GME for any incidents that occur during my mentee'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 mentee upon his/her return from this elective.

Printed Name of Global Health Faculty Mentor

Signature of Global Health Elective Faculty Mentor

Date