

UCLA-OLIVE VIEW INTERNAL MEDICINE RESIDENCY PROGRAM
GLOBAL HEALTH ELECTIVE APPROVAL FORM

Resident: _____ PGY: 1 2 3 Date: _____

You must complete and submit this form to the Program Coordinator at least 3 months prior to the anticipated departure date.

You must review the **Global Health Medicine Elective Request** document for additional requirements and instructions. Print, review and sign the **Code of Conduct and Risk Reduction Agreement for Global Health Electives**.

Global Health Program Information:

Dates: _____

Program & Location:

- Dangrika, BELIZE
- Shizuoka General Hospital, JAPAN
- Other (name of program, location, host institution):

Global Health Program Coordinator:

Name: _____

Email: _____

Phone: _____

Attending Physician Supervisor:

Name: _____

Email: _____

Phone: _____

Will complete evaluation of resident

Description and Objectives:

Long-term Goal:

- Clinical experience
- Quality improvement
- Publication or presentation at national meeting
- Health policy/advocacy
- Other: _____

Resident Signature

Date

Need the following info:

Elective Supervisor Signature

Date

Approved

Denied

Program Director Signature

Date