

GLOBAL HEALTH AUTHORIZATION FORM

Learner: _____ Program/Level: _____

Global Health Mission: _____

Rotation at time of Mission: _____

Start Date: _____ End Date: _____

This mission will be officially recognized as training within the learner's scheduled rotation. They will be evaluated as per the program's goals and objectives previously established and submitted to the Postgraduate Medical Education office.

This mission will not be officially recognized as training within the learner's scheduled rotation. They have requested and been approved to take annual leave/conference leave and will meet the 2/3rd time requirement.

Program Director's Signature

Date

This form must be signed by your program director and submitted to the Global Health office to initiate pre-departure training. Upon completion of training, please ensure this form is submitted to the PGME office, BEFORE THE START OF YOUR MISSION, for final approval from the Associate Dean.

Approval of Associate Dean, PGME

Date