MEMORIAL UNIVERSITY
Faculty of Medicine

GLOBAL HEALTH AUTHORIZATION FORM

Learner's Name: _____ Program/Level: _____

Global Health Mission: _____

Rotation at time of Mission: _____ Rotation Dates: _____

Departure Date: _____ Return 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 submit this form to the PGME office AT LEAST 6 WEEKS IN ADVANCE OF DEPARTURE DATE for final approval from the Associate Dean.

☐ This mission **will** be officially recognized as training within the learner's scheduled rotation. They will be supervised, by Memorial Faculty, as per the program's approved goals and objectives previously submitted to the Postgraduate Medical Education office.

Name of Supervisor: _____

☐ 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. The rotation's two-thirds time requirement will be met.

_____ _____
Program Director's Signature **Date**

This is to certify that all required components of pre-departure training, as mandated by the Global Health office, has been completed by this learner.

_____ _____
Global Health & Health Equity Coordinator or Designate **Date**

_____ _____
Approval of Associate Dean, PGME **Date**