

## INSTRUCTIONS FOR COMPLETING INTERNATIONAL PRACTICUM EXPERIENCE FORMS

---

All International Practicum Experience Forms (three total) must be submitted to the Office of Public Health Practice (OPHP) **45 days prior** to departure for your practicum experience (not practicum start date). Please follow these instructions and deadlines to assure that you are approved to receive academic credit for your practicum experience. All forms must be typed, with exception of required signatures and initials. All signatures, except the Associate Dean for Public Health Practice, should be obtained before submitting packet to OPHP.

---

### STUDENT INTERNATIONAL PRACTICUM EXPERIENCE FORM

---

- All sections of this form must be completed.
  - Please print out a hard copy prior to initialing each items under “Assumption of Risks and Conditions” on page 2
  - Signature order is: Student, Department Practicum Coordinator, and last Associate Dean for Public Health Practice
- 

### INTERNATIONAL TRAVEL QUESTIONNAIRE

---

- All sections of this form must be completed.
    - HSC Unit=School of Public Health
    - Purpose of Trip=SPH Practicum Experience
  - **DO NOT SUBMIT** form to email address on form, it comes with others forms to OPHP
- 

### HSC REQUEST FOR TRAVEL

---

- Section 1-Required Items
  - Dates and Times of Travel: Should match other forms
  - Name: Use your official name found on student records (no nicknames)
  - UIN
  - Job Title: Student (even if you hold a position of GAR, etc.)
  - Email
- Section 2-Required Items
  - Type of request=Student
  - Destination To and From
  - Purpose of Trip=SPH Practicum Experience
  - Mode of Transportation
  - Accompanied by (Complete only if accompanied by SPH faculty, staff or student)
- Section 3(Cost of Trip)-Not Required
- Section 4
  - Question 1: Check [www.red24.com](http://www.red24.com) for risk levels and warnings
  - Question 2: Part of packet, should answer yes
  - Question 3: Answer yes as it is part of packet, if required you will be provided an additional risk form to complete
  - Question 4: Answer yes if completed, if not completed answer No so they can be assigned
  - Question 5: This includes computers, laptops, tablets, and phones that access TAMU and HSC networks
  - Question 6: Answer yes
- Approval Signatures
  - Traveler=Student
  - Coordinator=Department Practicum Coordinator
  - Department Head=Department Head
  - Dean or Designee=Associate Dean for Public Health Practice

**SUBMIT FORMS TO OPHP IN ADRIANCE ROOM 257**

# Student International Practicum Experience Travel Form



**PUBLIC HEALTH**  
TEXAS A&M HEALTH SCIENCE CENTER

Students wishing to travel to a foreign country for their practicum experience must receive approval by their department practicum coordinator and the Associate Dean for Public Health Practice. All forms must be completed and received, fully signed by the Office of Public Health Practice **at least 45** days before your departure date.

---

## STUDENT INFORMATION

---

\*This information will be used to provide your link to register and purchase required travel insurance through Cultural Insurance Services International. Students are required to cover the cost of this insurance.

Legal Name :  
*as shown on passport*

UIN:

Gender:

Date of Birth:

Departure Date:

Return Date:

Passport Information

Country Issued:

Passport Number:

---

## SPONSORING ORGANIZATION OR AGENCY INFORMATION

---

Organization/Agency Name:

Preceptor Name:

Alternate Contact Name:

Address:

Address:

Phone Number:

Phone Number:

Email Address:

Email Address:

---

## PRACTICUM EXPERIENCE WORK PLAN INFORMATION

---

Work plans must be fully approved at least **15 days** prior to departure to practicum site. Final approval for travel will not be granted until the practicum experience work plan is approved in PEMS.

Work Plan has been submitted for approval in PEMS:    Yes  
    No

---

## EMERGENCY CONTACT INFORMATION

---

Emergency Contact's Name:

Relationship:

Address:

Phone Number:

Email Address:

---

## ASSUMPTION OF RISKS AND CONDITIONS OF PARTICIPATION IN AN INTERNATIONAL PRACTICUM EXPERIENCE

---

**Read carefully and *initial* on each line indicating that you understand and agree with the specified statement.**

I am a student at The Texas A&M University System Health Science Center School of Public Health (SPH) and in consideration for being permitted to participate in an international practicum experience, I agree to the following:

\_\_\_ 1. I agree to self-enroll in CISI through the portal provided by the Office of Public Health Practice and return a copy of the policy letter and policy number prior to departure.

\_\_\_ 2. I understand that any program or programs are independent operators and not sponsored by, or affiliated with the SPH, in any manner. Notwithstanding any agreement by the SPH toward academic credit for the course of study I am to take, the SPH has not required me to participate in the program in any way and my academic progress at the SPH will not be adversely affected if I decide not to participate. Although the SPH is able to provide me with certain information regarding the various international opportunities, the SPH does not warrant in any way, the accuracy or completeness of such information, including without limit, information related to the international program I have chosen to attend. I acknowledge and understand that the SPH has not undertaken an independent investigation or assessment of any aspect of the international program I have chosen to attend, including without limit, the content or quality of the academic program, instructors, facilities, the adequacy of the living arrangements or the safety of the location here my program may be conducted.

\_\_\_ 3. I realize that international travel and study involves significant inherent hazards and risks, both foreseeable and unforeseeable, including travel in difficult terrain and inclement weather, inadequate or unhealthy food and water supplies, accidents or collisions involving planes, trains, buses, automobiles or other modes of transportation, acts of terrorism, vandalism, or war, storms, earthquakes, or other natural disasters, government restrictions or regulations, theft or other criminal acts, an accident or illness in remote locations without access to appropriate medical facilities. These risks and hazards may result in serious physical injury, illness, death, and damage to or loss of property and I assume all such risks.

\_\_\_ 4. I understand that each state and foreign country has its own laws and standards of acceptable conduct and recognize that behavior which violates those laws or standards could harm the SPH, as well as my own health and safety. I will become informed of and will abide by all such laws and standards for the location of my program and will assume the risk of any legal problems I may encounter with any government or controlling administration. The SPH is not responsible for providing any assistance under such circumstances.

\_\_\_ 5. I understand that I am solely responsible for all costs incurred by and related to my voluntary participation in the international program.

**AUTHORIZATION AND AGREEMENT:**

I certify the above information is accurate and correct. By signing this document, I hereby acknowledge that I understand and accept the above conditions to participate in this activity.

---

Student Date

---

Department Practicum Coordinator Date

---

Assoc. Dean for Public Health Practice Date

To be Completed by OPHP:

Work Plan Approved in PEMS:

HSC Travel Request Complete:

International Travel Questionnaire Complete:

Acknowledgement of Risk Complete (if required):

Final Approval Submitted to Risk Management:

# International Travel Questionnaire



**HEALTH SCIENCE CENTER**  
TEXAS A & M UNIVERSITY

Date: \_\_\_\_\_

Name of Traveler(s): \_\_\_\_\_

HSC Unit: \_\_\_\_\_

Purpose of Trip/Project and Benefit to the State of Texas:

Departure Date from U.S.: \_\_\_\_\_ Return date to the U.S.: \_\_\_\_\_

Destination Country: \_\_\_\_\_

Destination City: \_\_\_\_\_

If you plan on traveling to more than one location, please list the regions and or towns you may visit:

What is the planned method of transportation while traveling within the country?

What are your housing accommodation plans?

Are you aware of current safety, health, and security concerns in your destination? Please very briefly elaborate below:

How do you plan to address these security concerns during your trip?

If traveling with a security detail, please provide information on how security firm was obtained and level of security:

Please list your destination contacts names, address, and phone numbers:

<b>SUBMIT FORM TO:</b> HSC Risk Management Email: <a href="mailto:hsc-risk-insurance@tamhsc.edu">hsc-risk-insurance@tamhsc.edu</a>	<b>NEED HELP?</b> Matt Walton (979) 436-9248
--	--

<b>INTERNAL USE ONLY</b>	<b>Date Received</b>	<b>Date Closed:</b>
--------------------------	----------------------	---------------------

# HSC Request for Travel



**HEALTH SCIENCE CENTER**  
TEXAS A & M UNIVERSITY

Dates and Times of Travel: From \_\_\_\_\_ To \_\_\_\_\_  
Date Time Date Time

Name (Type/Print) \_\_\_\_\_ UIN \_\_\_\_\_

Job Title \_\_\_\_\_ EMAIL \_\_\_\_\_

Address (Prospective Employee Only) \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

Type of Request:  System Business  Prospective Employee  Non-Employee  Student

## SYSTEM BUSINESS/PROSPECTIVE EMPLOYEE/OFFICIAL STUDENT TRAVEL

Destination (Include Country): From \_\_\_\_\_

To \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Mode of Transportation:  Private Auto  Commercial (includes rent car)  Official Auto  
 University Plane  Accompany another party  Other

Accompanied By: \_\_\_\_\_

Charge Expense To: \_\_\_\_\_  
Account Number and Name

Project Information: \_\_\_\_\_  
Project Name Project/Grant Number

Is a third party paying any portion of the expenses?  Yes  No Is a speaker fee/honorarium involved?  Yes  No

### COST OF TRIP (Estimated or Actual)

- a) Airfare \_\_\_\_\_
- b) Other Transportation \_\_\_\_\_
- c) Lodging \_\_\_\_\_
- d) Meals \_\_\_\_\_
- e) Registration \_\_\_\_\_
- f) Other \_\_\_\_\_
- Total \_\_\_\_\_

### IF TRAVEL TO FOREIGN COUNTRY

- Is Travel to an Extreme Risk Country/Region or under a Travel Warning/Alert?  Yes  No
- Foreign Travel Questionnaire Attached?  Yes  No
- Acknowledgement of Risk Form Attached?  Yes  No
- Confirmation of Course Completion?  Yes  No  
International Travel Safe Passage Presentation (Course # 2111728)  
Export Controls & Embargo Training-Basic (Course # 2111212)
- Will any research be conducted or equipment be carried or sent in advance of this trip?  Yes  No
- Are students traveling with you on this trip?  Yes  No

### APPROVAL SIGNATURES:

\_\_\_\_\_  
Traveler Date Form Submitted

\_\_\_\_\_  
Supervisor/Hiring Manager/Advisor/Coordinator Date

\_\_\_\_\_  
Department/Unit Head Date

\_\_\_\_\_  
Dean or designee, if required Date

***For all Foreign Travel, the following approval is required:***

\_\_\_\_\_  
HSC Risk Management Date

***If utilizing State Funds or Travel Warning or Extreme Risk Countries/Regions, the additional approval is required:***

\_\_\_\_\_  
Executive Vice President and CEO Date