



TEXAS A&M UNIVERSITY
School of Public Health

International Applied Practice Experiences for TAMSPH Students

Updated February 2025

Embarking on an international APEX is an exciting opportunity to apply your public health knowledge in a global setting while gaining valuable hands-on experience. This packet contains all the essential information you need to navigate the process—from application steps to important deadlines, travel considerations, and academic expectations. Whether you're exploring international fieldwork for the first time or preparing for a specific placement, this resource will guide you through each step to ensure a successful and enriching experience abroad.

TAMSPH International Applied Practice Experience (APEX) Process

Completing an APEX abroad is an exciting opportunity, but it requires careful planning to meet university policies and ensure a smooth experience. Follow the steps below to complete the approval process and submit all required documentation to the Office of Public Health Practice (OPHP).

Step 1: Notify OPHP and Your Department APEX Coordinator

As soon as you accept an international APEX opportunity, inform both your department APEX coordinator and OPHP. This allows us to assist with necessary approvals and agreements.

When you contact OPHP, please include:

- Organization name
- Primary contact person's name
- Best email address for your point of contact

CHECKPOINT - Affiliation Agreement: Your host site may require a new or updated agreement with TAMSPH, which can take time. Early notification helps avoid delays!

Step 2: Complete Risk Management Paperwork

To ensure safety and compliance, complete the following forms **at least 45 days before departure** (included in this packet):

- SPH International APEX Forms
- Medical Treatment Authorization Form


Submit completed forms to publichealthpractice@tamu.edu with the other requirements outlined in this list.

Step 3: Register with Education Abroad

All students completing an APEX abroad must register with Education Abroad to receive emergency assistance and university support while traveling.

To register:

1. Create an Education Abroad Profile (if first-time user).
2. Register through TAMU Credit Experience:
 - [Education Abroad Registration – Program 13451](#)
 - [Education Abroad Registration – Program 13450](#)
3. Create a Travel Plan:
 - [Travel Plan Submission](#)
4. Submit Proof to OPHP: Email a screenshot or confirmation email of your registration and travel plan to publichealthpractice@tamu.edu with the other requirements outlined in this list.


 *Emergency Contact While Abroad: If you need urgent assistance, contact Education Abroad's 24/7 on-call support at 979-255-6103.*

Step 4: Complete Required TAMUS Trainings

Risk Management requires international APEX students to complete the following required TrainTraq courses:

- TrainTraq 2111728: International Travel Safety/Safe Passages Presentation
- TrainTraq 2113639: U.S. Foreign Corrupt Practices Act

Screenshot your completion scores and include them with the other requirements outlined in this list.

 *No TrainTraq Access? If you are not a student worker or student organization leader, you may not have automatic access. Contact OPHP, and we will assist you.*

Step 5: Obtain CISI travel insurance

Students are required to provide proof of CISI coverage before departure to receive academic credit for the work completed on your trip. Please ensure you have shared your proof of coverage with our office prior to your planned start date.

- For more information on the insurance requirements, please visit <https://global.tamu.edu/ea/health-and-safety/insurance>.

Review: Required Forms & Documentation to Submit to OPHP

Please send the following information to publichealthpractice@tamu.edu as soon as your APEX offer is confirmed:

- Organization and contact details

Please send the following items to publichealthpractice@tamu.edu at least 45 days before departure:

- SPH International APEX Forms
- Medical Treatment Authorization Form
- Proof of Education Abroad registration & travel plan (screenshot or email confirmation)
- TrainTraQ course completion screenshots

Please send the following information to publichealthpractice@tamu.edu prior to your scheduled departure date:

- Proof of CISI Travel Insurance

Following these steps ensures a smooth approval process and helps you focus on gaining valuable public health experience abroad!

Completing and Submitting Your International APEX Forms

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

STUDENT INTERNATIONAL APEX FORM

- All sections of this form must be completed.
- Please print out a hard copy prior to initialing each item under “Assumption of Risks and Conditions” on page 2
- Signature order:
 1. Student
 2. Department APEX Coordinator
 3. Director of Public Health Practice

INTERNATIONAL TRAVEL QUESTIONNAIRE

- All sections of this form must be completed.
 1. HSC Unit = School of Public Health
 2. Purpose of Trip = SPH Applied Practice Experience
- **DO NOT SUBMIT** form to email address on form. Form should be submitted with other required documentation to OPHP.

HSC REQUEST FOR TRAVEL

1. 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
2. Section 2 - Required Items
 - Type of request = Student
 - Destination To and From
 - Purpose of Trip = SPH Applied Practice Experience
 - Mode of Transportation
 - Accompanied by (Complete only if accompanied by SPH faculty, staff or student)
3. Section 3(Cost of Trip) - Not Required
4. Section 4
 - Question 1: Check 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”
5. Approval Signatures
 - Traveler = Student
 - Coordinator = Department APEX Coordinator
 - Department Head = Department Head
 - Dean or Designee = Director of Public Health Practice

Student International Applied Practice Experience Travel Form

Students wishing to travel to a foreign country for their APEx must receive approval by their department APEx coordinator and the Director of 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	
<i>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.</i>	
Legal Name: <small>(as shown on passport)</small>	UIN:
Gender:	Date of birth (MM/DD/YYYY):
Departure Date:	Return Date:
Passport Information	
Country Issued:	Passport Number:
Sponsoring Organization/Agency Information	
Organization/Agency Name:	
Preceptor Name:	Alternate Contact Name:
Organization Address:	Alternate Contact Mailing Address:
Preceptor Phone Number:	Alternate Contact Phone Number:
Preceptor Email Address:	Alternate Contact Email Address:

APEx WORK PLAN INFORMATION

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

Work Plan has been submitted for approval in the Practicum Portal: Yes
No

Emergency Contact Information
Emergency Contact Name:
Relationship to Student:
Emergency Contact Email Address:
Emergency Contact Phone Number:
Emergency Contact Mailing Address:

ASSUMPTION OF RISKS AND CONDITIONS OF PARTICIPATION IN AN INTERNATIONAL APEx

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 School of Public Health (SPH) and in consideration for being permitted to participate in an international applied practice experience, I agree to the following:

___ 1. I agree to register with the TAMU Education Abroad Office for an Independent Experience for TAMU credit and purchase CISI Insurance. I will provide a copy of the policy letter with 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 APEx Coordinator

Date

Director of Public Health Practice

Date

(The following section completed by OPHP)

Work Plan Approved in Portal:

HSC Travel Request Complete:

International Travel Questionnaire Complete:

Acknowledgement of Risk Complete (if required):

Final Approval Submitted to Risk Management:



THE TEXAS A&M UNIVERSITY SYSTEM

OFFICE OF RISK MANAGEMENT

INTERNATIONAL TRAVEL QUESTIONNAIRE FOR EXTREME RISK COUNTRIES

Date: _____

Name of Traveler: _____

Member: _____

Has the traveler completed TrainTraq course 2111728- International Travel Safety: Safe Passage Presentation within the last 3 years? Yes No

Purpose of Trip: _____

Departure Date from U.S.: _____

Return Date to the U.S.: _____

Destination Country: _____

Destination City: _____

If Traveling to Additional Locations:

Destination Country: _____

Destination City: _____

Destination Country: _____

Destination City: _____

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

Where will you stay while in your destination country?

Are you aware of current safety, health or security concerns in your destination country? Please elaborate below:

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

If you are traveling with a security detail, please provide information on how the security firm was obtained?

Please list your destination contact names, addresses, and phone numbers. If visiting multiple countries, please list a contact for each destination:



HSC Request for Travel

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 _____

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

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