

MEDICAL UNIVERSITY OF OHIO AT TOLEDO

OFFICIAL POLICY

Name of Policy: Student International Travel



Policy Number(s): A-01-04-030-0206

Effective Date:
Initial Date:

Issuing Office: Office of Student Life

***Responsible Agent:* Director,
Office of Student Life**

Scope of Policy: All MUO and MUO Consortium Students

Students in this policy are defined as all students enrolled at the Medical University of Ohio (MUO) and to all Physical Therapy, Masters of Public Health and undergraduate Nursing students enrolled at Bowling Green State University (BGSU) and the University of Toledo (UT) who wish to participate in international experiences.

Policy

Students participating in international activities/educational experiences sponsored/approved by the Medical University of Ohio must comply with all procedures described in this policy document.

Purpose

This policy is implemented in order to uphold the values of safety and education at the Medical University of Ohio and in order to minimize the liability of the University regarding student international experiences.

A student's eligibility to participate in an international experience is conditional upon written approval of the individual international experience by the International Experience Committee ("Committee"), receipt by the Office of Student Life of all documentation as required by the procedures outlined below, and finally the student must be in good academic standing as determined by their individual degree program.

Procedures

I. International Experience Approval by the University
A. International Experience Committee

1. The Committee shall be a standing committee appointed by the Senior Vice President for Medical Affairs in support of student international experiences.

2. The Committee will include the following members:
 - one student representative from each college
 - one representative from University Health Services
 - one representative from General Counsel
 - one representative from Risk Management
 - at least one curriculum representative appointed by the Dean of each college
 - the Director of Student Life
 - one expert on international experiences
3. The purpose of the Committee will be to judge the educational value and safety of any international experience and approve the experience for University student participation. Furthermore, if sought by a student, the curriculum representative from the respective college will determine eligibility for academic credit from an international experience. It is recommended that the Committee have a minimum of two meetings per academic semester. The Committee may grant standing approval to any international experiences for as long as deemed fit (up to maximum of three years). The Committee may withdraw its approval from any international experience at any time.

B. Procedures for Student International Experience Approval

1. All submissions to the Committee must be turned in to the Office of Student Life for distribution to the Committee a **minimum of six weeks** prior to the next Committee meeting.
2. Committee meeting dates are posted on the Office of Student Life Calendar.
3. Responsibilities
 - a. *Faculty Responsibility:*

Any University faculty who wish to organize an international experience that will include University students must submit a written application, for review by the Committee, fulfilling the requirements as outlined in APPENDIX A. Once a faculty member has received approval for his/her international experience, students who wish to participate in the international experience need not submit individual applications to the Committee for approval (students must still submit all required documents to the Office of Student Life as required by these policy procedures).
 - b. *Student Responsibility:*
 - i. If an international experience is currently approved by the Committee, then the student need not submit individual applications to the Committee for approval (students must still submit all required documents as required by these policy procedures).
 - ii. If an international experience is not currently approved, it is the responsibility of the student wishing to participate to submit an application fulfilling the requirements as outlined in APPENDIX A.

C. Committee Decision

1. If the international experience is approved by the Committee, the submitting student or faculty will be notified of approval status by an official letter from the Office of Student Life within five business days after the Committee meeting. **Students should not make any travel arrangements prior to receiving written approval from the Committee.** Please note that although the student may receive informal communication regarding the status of the international experience acceptance, it is not official until the formal approval letter is received. Letters are sent to the current address as indicated in the Student Information System. It is important to remember that a student's eligibility to participate in an international experience is conditional upon both written approval by the Committee of the international experience and receipt by the Office of Student Life of all documentation as required by these policy procedures. Furthermore, a student must be in good academic standing as determined by their individual degree program.
2. If an international experience is denied approval by the Committee, the submitting student or faculty will be notified of international experience denial status by an official letter from the Office of Student Life within five business days after the Committee meeting. The denial letter will include a detailed explanation listing the reasons why the Committee rejected approval of the international experience. Should the student or faculty wish to appeal the decision, they may do so, in writing, no later than five business days after receipt of the letter. Appeal letters should be addressed to the Dean of the appropriate college.

D. Application for Academic Credit

In addition to Committee approval, if a student desires to be eligible to receive academic credit for his/her international experience, the student must have written approval their appropriate degree program.

II. Student Requirements after Committee Approval

- A. The following documents must be submitted to the Office of Student Life **at least two weeks prior** to travel (use APPENDIX B):
 1. Proof of insurance
 - a. Minimum required coverage:
 - i. Medical Expense (accident/sickness)—\$100,000 per incident
 - ii. Accidental Death/Dismemberment—\$10,000
 - iii. Emergency Medical Evacuation—\$50,000
 - iv. Repatriation of Remains—\$25,000
 - b. The student must purchase coverage from one of the following providers:
 - i. CISI (www.culturalinsurance.com)
 - ii. HTH Worldwide Insurance Services (www.hthstudents.com)
 - iii. CMI (www.studyabroadinsurance.com)
 - iv. IMG (www.internationalstudentinsurance.com)

2. Proof of travel health consult, vaccinations, and prophylaxis (each as recommended by the Center for Disease Control)—use APPENDIX C.
3. Copy of letter accepting student into the international experience (from appropriate official).
4. Proof of good academic standing.
5. Photocopy of current passport (and proof of visa if applicable).
6. Photocopy of current U.S. State Department travel advisories.
7. Complete travel itinerary (including all travel to, from, and during the international experience).
8. Emergency contact information (for both persons at the international experience site and within the United States)—use APPENDIX D.
9. Proof of registration with the U.S. Department of State (can be done at <https://travelregistration.state.gov>—print confirmation page).
10. A signed Waiver and Release Agreement—APPENDIX E.

B. Required Actions for Student International Experience Preparation

1. Gather information concerning any in-country political problems, safety concerns, or health hazards by consulting current U.S. State Department announcements and publications, Centers for Disease Control (CDC) information, and the international experience site.
2. Investigate visa and other entrance requirements that may be enforced in the host country. Adhere to laws of the host country, standards of professional behavior, and standards of conduct determined by the international experience site. Stay current on U.S. Department of State country information and communicate with local site regarding known risks.
3. Complete orientation for study abroad, through self-study or formal preparatory sessions. Such orientation will emphasize knowledge of personal health and safety precautions, universal precautions, infectious disease risks, cultural conditions, personal and professional behavior standards, emergency contact procedures and preparation for medical work (if applicable).

III. Office of Student Life Responsibility

A. State Department Warning

In the event of a U.S. State Department issued Travel Warning for the location of a student's international experience prior to a student's departure, a student's eligibility to travel to the location of the international experience may be revoked at the consideration of the University. In the event a U.S. State Department warning is issued while a student is abroad, determination of the appropriate

action will be made on a case-by-case basis, with the University having the authority to require the student to return to the United States.

B. Monetary/Property Loss

The University is not responsible for any monetary or property loss incurred by a student at any time during the planning, preparation, or participation in an international experience.

IV. Student Responsibility After Return to the University

After completion of the international experience, the student must turn in a completed International Experience Evaluation Form to the Office of Student Life—Appendix F.

<p>Approved by:</p> <hr/> <p>Chair, Council of Deans</p> <hr/> <p>Senior Vice President, Medical Affairs Dean, College of Medicine</p> <hr/> <p>President</p> <hr/>	<p>Policies Superseded by This Policy:</p>
<p><i>Review/Revision Completed by:</i> <i>Director, Office of Student Life</i> <i>Student International Travel Task Force</i> <i>Administrator Risk Management</i> <i>Litigation Coordinator General Counsel</i> <i>Associate Deans for Undergraduate Medical Education</i> <i>Associate Dean for Student Affairs</i> <i>Council of Deans</i></p>	<p>Revision/Review Date:</p>

APPENDIX A-1

**Medical University of Ohio
Student International Experience**

**Petition for Implementation of Student International Experience
Return to Office of Student Life
Room 121
Mulford Library**

Title of Proposed International Experience _____

Dates of International Experience _____

Faculty or administrative program director name: _____

The following documentation must be submitted with this form:

- Statement demonstrating the international experience is appropriate to the mission of the Medical University of Ohio.
- Documentation of educational objectives
- Methods of pre-departure and/or on-site orientation for students
- Copy of all information provided to the students/participants
- Description of procedures for an emergency evacuation plan
- A completed Risk Assessment Form—Appendix A-3
- Documentation of all relevant U.S. State Department information and advisories
- Documentation of participant requirements and responsibilities
- Documentation of a code of conduct

Form Submitted by: _____ Date: _____
(First and Last Name – Please Print)

Date Sent to Committee: _____

APPENDIX A-2

**Medical University of Ohio
Student International Experience**

**Petition for Implementation of Student International Experience
Return to Office of Student Life
Room 121
Mulford Library**

Student International Experience Committee Report

Title of Proposed International Experience _____

Dates of International Experience _____

Scheduled Meeting Date: _____

Members Present: _____

_____ **Petition Approved by Committee**

_____ **Petition Rejected by Committee
(if rejected comments must be submitted)**

Comments _____

(Chair, International Experience Committee)

(Date)

A letter indicating the Committee's decision (approval or rejection) will be sent to submitting person(s) within five business days.

APPENDIX A-3

RISK ASSESSMENT FORM

Must be submitted to the Office of Student Life with the Petition for Implementation of Student International Experience

Fill out the worksheet below to help assess your approach to managing the risks associated with your international experience (if more space needed, please attach a separate sheet).

Activities	Associated Risks	Management Plan
List all activities that may be undertaken during the duration of the experience.	For each activity list all of the associated risks that may be involved	For each risk list a management plan to prevent the risk

What resources have you consulted to determine that you are able to adequately manage this event? _____

Attach a copy of the assumption of risk/waiver, medical release, and emergency contact form that you intend to use if different from MUO's.

Does your program involve physical activity? Yes No What is it? _____

Are you traveling? Yes No If yes, what type of transportation are you using? _____

Is any part of the program outdoors, or can participants be affected by inclement weather? Yes No

- Check ahead for weather conditions
- Check location for shelter ahead of time
- Bring a radio with you to monitor changing weather conditions

Are you contracting a service from a non-university affiliated business? Yes No
If yes please provide all documentation.

Does your event involve selling or distributing items on campus? Yes No
If yes please attach all information

Are you planning on posting flyers or advertising on campus? Yes No If yes please attach a copy

Are you using an MUO logo or trademark in association with your activity? Yes No

If yes did you seek appropriate approval from the Development Office Yes No

APPENDIX B

Medical University of Ohio Student International Experience

STUDENT CHECKLIST TO BE TURNED IN TO THE OSL

The following documents must be submitted to the Office of Student Life **at least two weeks prior** to travel:

- Proof of insurance with the following minimum coverage (from one of the agencies as described in the policy):
 - a. Medical Expense (accident/sickness)—\$100,000 per incident
 - b. Accidental Death/Dismemberment—\$10,000
 - c. Emergency Medical Evacuation—\$50,000
 - d. Repatriation of Remains—\$25,000
- Proof of travel consult and vaccinations and prophylaxis recommended by the Center for Disease Control—APPENDIX C
- Copy of letter of acceptance into the international experience
- Proof of good academic standing
- Photocopy of current passport (and proof of visa if applicable)
- Photocopy of current U.S. State Department travel advisories
- Complete travel itinerary (including travel to, from, and during international experience)
- Emergency contact information—APPENDIX D
- Proof of registration with the U.S. Department of State
- Signed Waiver and Release Agreement—APPENDIX E

APPENDIX C

Medical University of Ohio - University Health Services (UHS)

Foreign Travel/ CDC Recommendations

Student Name: _____

Leaving for : _____

Date leaving USA _____ **Date Returning to USA** _____

Need (check)	Vaccine/immunization/medication	Date Ordered	Provider/person administering	Date given
	<u>CURRENT CDC Travel Recommendations</u> for listed area reviewed with and given to student. ALL vaccine consents are signed and witnessed.			
	mefloquine 250 mg. (Larium) Take one weekly, same day each week Start date ____ thru _____. Take for ____ weeks.			
	chloroquine 500mg. (Aralen) Take one weekly, same day each week Start date ____ thru _____. Take for ____ weeks.			
	Hepatitis A Vaccine. (2 weeks before travel) One adult dose, 1 ml., IM, deltoid area. To be given IM at UHS.			
	Typhim VI. (2 weeks before travel) One adult dose, 0.5 ml IM, deltoid area. To be given at UHS.			
	Oral Typhoid vaccine (Vivotif Berna) One package, as directed, p.o.			
	Inactivated polio vaccine (IPV). One adult dose, 0.5 ml IM or SC, deltoid area. To be given at UHS.			
	Tetanus-diphtheria booster. One adult dose, 0.5 ml IM, deltoid area. To be given at UHS.			
	Rabies vaccine. (3 doses) Give 0.1 ml intradermal on Day 1,7, and 21 or 28.			
	Positive Hepatitis B surface antibody			
	Meningococcal vaccine. Give 0.5 ml SC.			
	Cipro 500 mg, p.o., bid, for severe traveler's diarrhea x 5-7 days.			
	Yellow fever vaccine. MUST have International certificate and stamp.		Must get at Toledo Health Travel Clinic, Make appointment.	
(additions)				

NOTE: This record is verification that the student has completed all health requirements for international travel to location listed above.

(include clinic stamp) Signature of health provider

APPENDIX D

**Medical University of Ohio
Student International Experience**

EMERGENCY CONTACT FORM

Student's Name _____

Dates of Travel _____ Site Location _____

Current Address _____

Phone Number _____ Email Address _____

Foreign Site Emergency Contact _____

Foreign Site Address _____

Foreign Site Phone Number _____ Fax Number _____

Foreign Site Email Address _____

U.S. Emergency Contact _____

Your Relationship to this Person _____

Current Address _____

Home Phone _____ Office Phone _____

Fax Number _____ Email Address _____

U.S Consulate at site of International Experience Phone Number _____

In the event of an emergency, the Office of Student Life has my permission to contact the appropriate individuals noted above.

Print Name

Signature

Date

APPENDIX E

Medical University of Ohio Student International Experience

WAIVER AND RELEASE AGREEMENT FOR USE PRIOR TO PARTICIPATION IN A UNIVERSITY-APPROVED INTERNATIONAL EXPERIENCE

This is a release of legal rights—this must be read and understood before signing.

I am a student at the Medical University of Ohio (MUO) and have asked for and been granted permission to participate in a University-approved international experience.

Title of International Experience _____

Dates of International Experience _____

Program Contact Information: _____

In consideration for being permitted to participate in the University-Approved Program (“Program”), I agree to the following (student must initial each paragraph and sign and date the final page):

1. I have secured health insurance, from one of the agencies as stated in the Student International Travel Policy, to provide coverage for any injuries or illness sustained or experienced while participating in University-approved international experiences. At a minimum my insurance provides for the following international coverage:
 - a. Medical Expense (accident/sickness)—\$100,000 per incident
 - b. Accidental Death/Dismemberment—\$10,000
 - c. Emergency Medical Evacuation—\$50,000
 - d. Repatriation of Remains—\$25,000

I have provided documentation of the insurance coverage to the Office of Student Life. In addition to providing documentation as required by the Student International Travel Policy, with my signature below I certify that I have confirmed my health care coverage meets the above stated requirements, and hereby release the State of Ohio and the University, its officers, employees, faculty and agents from any responsibility or liability for expenses or damages incurred by me for injuries or illnesses (including death) that I may incur. _____

2. Notwithstanding any agreement by the University to award academic credit for the course of study I undertake, the University has not required me to participate in the Program in any way, and my academic progress at the University will not be adversely affected if I decide not to participate. I understand that the University has not undertaken any kind of control or supervision over the Program institution, my Program of study, my itinerary, travel arrangements or accommodations. _____

3. I understand that there are unavoidable risks in travel and living abroad—including the risks of transportation, foreign political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical and weather conditions and other unanticipated risks. I have read all current recommendations and advisories issued by the U.S. State Department and the Center for Disease Control as to the risks of travel to and within my Program location. Knowing these risks, and in consideration of being permitted to participate in the Program, I hereby release and waive the right, on behalf of myself, my family, heirs and personal representative(s), to any claims or potential claims whatsoever for any and all liability for harm, injury, damage, claims, demands, actions, causes of action, costs and expenses of any nature that I may have or that may accrue to me, arising out of or related to my participating in this Program. I further agree to save and hold harmless the State of Ohio and the University, its officers, employees, faculty and agents, from any claim made by me or my family or personal representative(s) arising out of or related to my participation in this Program and any travel I undertake in connection with it.
- _____
4. If the U.S. State Department issues a Travel Warning for the location of my Program prior to travel, I understand my eligibility to travel to the Program location may be revoked at the consideration of the University and I will incur all monetary fees and penalties resulting from travel cancellation. In the event a U.S. State Department warning is issued while I am abroad, determination of the appropriate action will be made on a case-by-case basis, with the University having the authority to require me to return to the United States. I understand that if it is required that I must return to the United States early, I will incur all fees and penalties for altering my original travel arrangements. _____
5. I understand that each foreign state has its own laws and standards of acceptable conduct. I recognize that behavior which violates those laws or standards could harm the University, as well as my own health and safety. I have informed myself to the best of my ability of the local laws and standards and I understand I am solely responsible for the consequences of any violations I incur at the location of the Program. I will assume the risk of any legal problems I may encounter with any government or controlling administration at the Program location. The University is not responsible for providing any assistance under such circumstances. _____
6. I agree that should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect. _____
7. I represent that my agreement to the provision herein is wholly voluntary, and further understand that, prior to signing this release, I have the right to consult with the advisor or attorney of my choice.
- _____
8. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, venue will lie in an appropriate jurisdiction in Ohio and that the laws of the State of Ohio will govern. _____
9. I have read and understand the Student International Policy (including all procedures contained therein) and the Student International Experience Guidelines. _____

10. This agreement represents my complete understanding with the University concerning the University's responsibility and liability for my participation in the Program, supercedes any previous or contemporaneous understandings I may have had with the University on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence from both myself and the University. _____

I HAVE CAREFULLY READ THIS RELEASE FORM AND INITIALED AFTER EACH PARAGRAPH BEFORE SIGNING IT.

_____	_____	_____
Student Signature	Student Name Printed	Date

_____	_____	_____
Office of Student Life Witness	Office of Student Life Witness	Date

APPENDIX F

**Medical University of Ohio
Student International Experience**

STUDENT EVALUATION OF PROGRAM FOR OFFICE OF STUDENT LIFE

Program Name _____

Program Location _____

Program Dates _____

Program Evaluation (1-very poor to 10-excellent)

Educational Value 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Cultural Value 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Organization 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Safety 1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- 9 ----- 10

Comments: _____

Your preparation for the experience (1-not at all to 5-excellent) 1 ----- 2 ----- 3 ----- 4 ----- 5

How could you have been better prepared: _____

Did you receive a scholarship or other financial assistance: ___ Yes ___ No

Source: _____

How did you find out about the experience: _____

Would you recommend this program for other students: ___ Yes ___ No

Why/Why Not: _____

Additional Comments: