

APPLICATION FOR GLOBAL HEALTH COURSE

(FCM 896A/596A, CPH 596A)

University of Arizona College of Medicine

PLEASE RETURN THIS FORM NO LATER THAN - February 15 for the April session and May 15 for the July session **I am APPLYING FOR** **APRIL** **JULY**

Please print all information

Today's DATE: _____

I. _____
NAME

MEDICAL or GRADUATE SCHOOL

MAILING ADDRESS _____

MONTH and YEAR of expected (or prior) graduation

CITY STATE ZIP

PHONE (home or cell)

EMAIL ADDRESS

II. PLEASE ATTACH A BRIEF STATEMENT EXPLAINING YOUR INTEREST IN HEALTH CARE IN DEVELOPING NATIONS: This statement is considered in the selection process.

III. PRIOR EXPERIENCE IN DEVELOPING NATIONS: (This will not affect your selection.)

<u>NATION</u>	<u>YEAR AND TIME SPENT</u>	<u>PURPOSE (tourist/work/study/other)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. DO YOU HAVE A FUTURE EXPERIENCE SCHEDULED IN A DEVELOPING NATION?
NO _____ YES _____ If "yes": (1) How firmly set? _____
(2) What nation(s)? _____ (3) When? _____
(This may be considered in your selection.)

V. ANY SPECIAL BACKGROUND INTEREST OR NEEDS WE SHOULD KNOW OF?
(These details will not affect your selection.)

VI. How did you find out about this course?

RETURN APPLICATION TO: AHEIMANN@EMAIL.ARIZONA.EDU
OR MAIL TO: RONALD E. PUST, MD
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE
PO Box 245052
TUCSON, AZ 85724

Office Use Only:
Date Received _____ Date Accepted _____