

**PERKINS BURKE GLOBAL HEALTH FELLOWSHIP**

# Description

Each year, one or two outstanding UNC MD/MPH students will be selected as a Perkins-Burke Global Health

Fellow. The student will demonstrate academic excellence during the pre- clinical years of medical school at UNC as well as clear interest in incorporating global public health into his/her career as a physician. Applicants will work closely with MPH faculty and a physician mentor to incorporate global health content into their MPH curriculum and to plan a practical experience and Masters paper focused on a related global health topic. Language ability in the intended country of experience is also an important factor in selection.

**Process**

Single PDF Applications will be emailed to the **Office of Global Health Education** (OGHE) by the **December 21st deadline** and reviewed by the Fellowship Selection committee composed of UNC medical and public health faculty. Students will be notified via email of the award decision by January 15th.

Proposals should outline a substantial educational experience that is well thought out and would not be possible in the U.S. In the proposal, applicants should demonstrate a unique advantage to their travel to a particular site, state a realistic goal or goals, explain the merit and feasibility of their project and explain how the experience will be supervised and is related to their personal educational goals. Applicants should address how they intend to deal with any potential language barriers that may be encountered. Students must be actively enrolled in the school of public health during the time of the project, and the project must be connected with their MPH training although in some situations, travel may actually be approved to continue into MS4 year. All fellowship recipients must complete pre-travel health and safety requirements for UNC medical and public health students. This complete pre-travel list can be accessed on the OGHE website: [www.med.unc.edu/OGHE](http://www.med.unc.edu/oia)

# Eligibility

All students applying would be in good academic standing, have the appropriate letters of recommendation from faculty, and be committed to following the processes required for global health electives, including: defining objectives of the learning experience and any potential projects or research (including IRB approval) and completing the SOM OGHE Pre-Travel Requirements in order for academic credit and funding not to be jeopardized. The SOM OGHE Pre-travel requirements are listed in explicit detail on the [OGHE website.](http://www.med.unc.edu/oia) The OGHE will oversee the fellowship awardees through this process. On completion of their global health elective, students would be expected to submit a paper/report detailing their experience and its impact on their medical education and, if there is opportunity, meet with the funder to discuss their experience.

In order to qualify, the student must be a UNC medical student in an MPH program at UNC/Chapel Hill The number and amount of these awards may vary from year to year, but usually range from $2,000 to $3,000.

# Protection of the Rights of Human Subjects

During the fellowship experience students may participate in direct patient care and public health services and/or engage in other types of learning or research which include confidential patient information. Whenever obtaining information that is not directly related to a patient’s care -- for example, when a student conducts interviews with patients or with health care providers, administers surveys or questionnaires, or takes part in clinical research -- respect for the rights and interests of others obliges you to inform those people as to why you are collecting the data. It is your duty to appropriately protect the privacy and confidentiality of those from whom you are gathering information.

All fellowship applicants must discuss the relevance of IRB approval with their faculty advisor and if appropriate (i.e. if the experience involves human subject research) submit their proposals to the Office of Human Research Ethics (OHRE) to confirm compliance regarding the rights of human subjects and the IRB.

Please review the IRB site at [www.ohre.unc.edu f](http://www.ohre.unc.edu/)or more information.

# Requirements/Instructions

**All parts of the application, including the letters of support, must be submitted in a single email with your last name and the “Perkins-Burke MD/MPH application” in the subject line. Individual pieces will not be reviewed. Incomplete applications will not be reviewed. All application must be submitted by December 21 via email to:** [Shay\_Slifko@med.unc.edu](mailto:Shay_Slifko@med.unc.edu)

1. **A detailed proposal that describes the project and specifically addresses the following sections A-G: (Format: 500-1000 words)**
   1. The purpose of the proposed experience;
   2. The background and unique significance of the experience, including the advantage of traveling to the particular site;
   3. Educational objectives with regard to the experience;
   4. The specific goal(s) of the project and includes an explanation of the merit and feasibility of the projects and factors that have been addressed or will address to increase the likelihood that the project is do-able in the selected setting;
   5. Potential language barriers and how they will be overcome;
   6. The dates of travel and length of project (number of weeks excluding any additional sightseeing or travel);
   7. Other monetary support you have obtained or for which you have applied.
2. **A letter of support from a UNC faculty member (in the School of Medicine or School of Public Health) indicating the faculty’s support and assistance in arranging the proposed experience.**
3. **If appropriate, a letter from the sponsoring organization or supervisor abroad, indicating approval of the student’s proposal and experience. This sponsor must be directly involved with the agency or site the student will visit.**
4. **Curriculum Vitae**

By submitting this application, you authorize the selection committee to query the SOM Office of Student Affairs regarding the student’s academic standing. Students who are having academic difficulty will not receive sponsorship from UNC in the form of funding or academic credit for a global health elective.

When accepting fellowship, the student agrees to submit to the Office of Global Health Education, within FOUR WEEKS of their return, a written report demonstrating the importance aspect of the Fellowship experience. Access the evaluation form here: “[Student evaluation of Elective”](https://www.med.unc.edu/oia/medical-students/forms). If the evaluation of your global health experience is not submitted within four weeks of return, a stop will be placed on the student’s account. Until the stop is removed, the student will be unable to register for courses, request transcripts, receive certification of USMLE applications, etc.

**APPLICATION FOR PERKINS BURKE GLOBAL HEALTH FELLOWSHIP** (This must be page 1 of your application)

Student: SOM Class of:

PID: SPH class of:

Address:

Email: Phone:

School of Medicine or School of Public Health Faculty Advisor :

Sponsor and Project Abroad (name, title, *full* mailing address and email address, if available):

Name: Title:

Email Address:

Location:

SPECIAL PROJECT or RESEARCH: Title:

Other monetary support received or applied for:

(Include name of funding agency or UNC Program, name of award, period of award, and amount)

Project Dates: Estimated Travel Dates:

By my signature below, I authorize the selection committee to query the Office of Student Affairs regarding my academic standing. I give my permission for the committee to review all materials pertinent to my application for these fellowships. Furthermore, I signal my understanding that a stop will be placed upon my account if I do not submit a final written summary and at least three photos from my fellowship experience; a stop will prevent my registration in the future and may result in a delay of my graduation. I also agree to purchase the required insurance policy providing repatriation and medical evacuation for a period covering the duration of my travel abroad. I understand I must meet with a designee in the Office of International Activities to purchase this travel insurance and to receive the consular report from the US State Department.

Signature Date