LOGO

## Resident Physician Global Health Travel Scholarship Application

Please visit the OIA website for a full description of requirements for the OIA-GME cospons programs and to <u>review a sample of the complete application</u>. Once you begin the applicatio not able to navigate bac swards within the application.

Summary

### SUMMARY

FUNDING APPLICATION: Resident Physician Global Health avel Schol

#### **Fall Funding Applications Deadlines**

- Resident online application: September 15
- Two Letters of Recommendation: September 22

#### **Spring** Funding Application Deadlines

- Resident online application: February 15
- Two letters of recommendation : February 22

#### **Eligibility**

Individual UNC/H resident physicians and fellows under GME applying to the UNC Global Health Travel Scholarship. In c resident to apply, applicants must be in good academic standing and commit to a minimum of a two week global health rot

weeks strongly encouraged). Funding for retroactive electives are not considered. Further, if an applicant has already recei global health travel award from us, they are not eligible to receive another travel award for the same project. However, app funded twice for global health travel for different global health proposals. Awards range between \$500-\$2,000.

#### Important note\*

Only completed applications including both letters of recommendation submitted via the Qualtrics applic will be reviewed for funding. Applications and LORs submitted to our office via any other method will not considered. Do not request special exceptions or extensions. Plan ahead.

Program Contact: Shay Slifko

#### **Contant Information**

# CONTACT INF DR MATION

First Name:	
Last Name:	
Permanent Home Address:	
City:	
State:	
Zip:	
Phone:	
Pager:	
UNC Email:	
Permanent Email: Enter non-UNC email address.	
UNC PID:	
UNC Onyen:	
Training Program	
Anticipated date for completion of residency/fellowship program month/year	

#### **Program Details**

## **PROGRAM DETAILS**

#### **Rotation Travel Location**

Please select all of the countries to which you will travel for this proposed elective time.



Languages Spoken On-site:

(Hold CTRL to select multiple items)

- Arabic
- Bosnian-Croatian-Serbian
- Chichewa
- Chinese
- French
- 🔲 German
- 🔲 Greek, Modern
- Haitian Creole
- Hebrew, Modern
- 🔲 Hindi
- 🗌 Italian
- Japanese
- 🔲 Kiswahili
- Korean
- Lingala
- Persian
- D Polish
- Portuguese (Brazilian)
- Portuguese (Iberian)
- 🗌 Russian
- Spanish
- 🔲 Turkish
- 🔲 Urdu
- U Wolof
- Yucatec Maya

Total Travel Dates (example: June 1-June 30, 2020):

Other

**Travel Dates** 

#### **Proposed Rotation Start Date:**

**Proposed Rotation End Date:** 

#### **Additional Funding**

## ADDITIONAL I UN DING

Provide information on other funding source you av received, applied for, or that you plan to apply for in support of you

10

#### **Additional Funding Details**

	Organization/Department	Descriptio. (Additional an inrmation	Amount (In US Dollars)
1			
2			
3			
4			
5			
6			
7			
8			

#### Budget

## BUDGET

Provide your elective-related budget expenses below. Please be as specific as possible.

	Item	Description/Explanation	Amount (In US Do
	ex: Airfare	RDU to London, UK	1130.00
1			
2			
3			
4			
5			
6			
7			
8			
Line	Item Budget Total		•

Total Funding Needed? (in order for you to commit to the time away)



Budget Justification (optional)

Please provide any budget comments, justifications, or additional line items that do not fit in the budget matrix.

#### **Short Answer Questions**

## ESSAY & SHC RT AMSWER QUESTIONS

1. Describe the overall purpose and motivations for the proposed global health experience, AND address one of the options below relevant to the fature of your role and the nature of your experience.

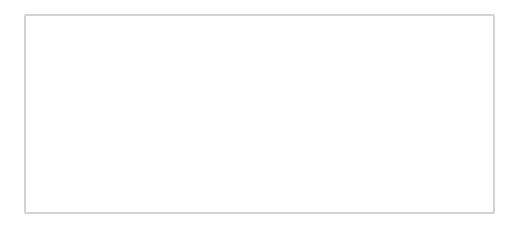
Essay Limit 1,500 words

For the second part of the essay, select from one of the three options by Jw. For example, if you are functioning solely in capacity, you will only address section 3.

1. For research: Project description; faculty support; funding needs; and plass for In R approval.

2. For public health-focused or education projects: Project description; faculty support; funding needs and plans for IRB ap research involved.

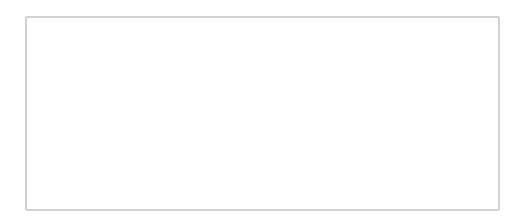
3. For clinically-focused programs: Anticipated patient-care responsibilities and supervision, and plans for scholarly activity



Explain the rationale for choice of selected global health site.

Identify at least THREE specific learning objectives.	

Discuss the political stability of the host country, the potential safety and/or health risks, and what steps will be taken to mi



On-site supervision appropriate to residency/fellowship training.

Discuss any language barriers and how they will be mit <sup>*</sup> , ated	

Please discuss likelihood that this experience will offer opportunity for continued relationship/partnership (either for you or trainees in subsequent years).

Describe your previous global health experience using the following details: Location, organization, and your role. For example, clinical experience, research, community health, any leadership role. If unsure of the specific dates please provide your best estimate. List the dates starting with the mos

	Datu	Description of Travel	Location/Organ
	ex: 02/2015- 04/2015	Research; Personal	Mexico Ci Mexico/Universida Autónoma de
1			
2			
3			
4			
5			

Essay

## SUPPLEMENTAL MATERIALS

Please upload your CV / Resume as a PDF

#### References

## **PROFESSIONAL REFERENCES**

This application requires two different letters of recommendation. Upon submission of this application, based on the emai you enter below in the references' email address, an automatic email will be sent directly to the references prompting them the letter of recommendation in your online portal. Once they submit their letter in the application portal, the references w email confirming receipt of their letter on your behalf and the applicant will also receive an email verifying the letter of recommendation was received.

#### Fall Funding Applications Deadlines

- Resident online application: Sometember 15
- Two Letters of Recommend vion: ptember 22

#### Spring Funding Application Dep 2 ... s

- Resident online application: Februar 15
- Two letters of recommendation : February 2?

**Residency or Fellowship Program Director:** attesting that the applicant is in good standing an permission to travel.

First Name:	
Last Name:	
Title:	
Email:	

**Host-site Contact:** This person must be the on-site preceptor, PI, or host-site advisor overseeing y involvement for the duration of the rotation. This must be a faculty person who will be on location at site. This individual should comment on your suitability for the elective, your candidacy for scholarsl and the training quality of the international site.

Name of hosting institution overseas	
First Name:	
Last Name:	
Title:	
Email:	

By submitting, I authorize the Office of Intornational Activities Scholarship Selection Committee to query the Residency/Fe Program Director and UNC Ouce of conducte Medical Education about my standing in the program. I give my permission committee to review all materials pertinent to my application for this scholarship. I also agree to purchase the required trav providing repatriation and medical evacuation of a period covering the duration of my travel abroad, to register with the UI Travel registry and to complete all other GMF paper werk and processes involved for UNC resident physicians traveling. I a understand that I must satisfy all other requirements from my coming program, parent clinical department, and/or Office of Medical Education.

#### **Opening Access**

### **OPENING ACCESS BACKGROUND INFORMATION**

You have not yet submitted your application. Complete this section and select "Submit."

Aligned with UNC's Academic Plan, which prioritizes "equity and inclusion" and "global engagement," the Office of Inter-Activities is determined to significantly increase the number of traditionally underserved trainees who have access to global opportunities.

This pan-university effort opens access to trainees regardless of their academic discipline, age, disabilities, educational or background, gender identity, racial or ethnic identity, sexual orientation or socio-economic status.

We are collecting data to support programing of new initiatives to open access and we need your help! Please answer the

questions. Your answers to this section <u>will not</u> be seen by the review committee and <u>will not</u> be used to evaluate your at Your responses will be analyzed in aggregate form by program staff to develop global opportunities for Carolina trainees.

Please indicate the race/ethnicity with which you identify (mark one or more box).

American Indian or Alaska Native	
Asian	
Black	
Hispanic or Latino/a	
Native Hawaiian or Other Pacific Islander	
U White	
Prefer not to answer	
Not listed above	
Please indicate the gender with which you ident' .	
O Male	
O Female	
O Prefer not to answer	
O Not " Led above	

Please indicate any of the following impairments or difficulties that may apply to you.

- Visual impairment
- Chronic medical
- Deaf/hard of hearing
- Learning disability
- Physical/mobility impairment
- Psychological
- No disability/impairment
- Prefer not to answer
- Not listed above

Please indicate if you have previously av led utside of the United States (include other North American countries such and Mexico, and U.S. Overseas Territories such as Figs. o Rico, Guam, etc.).

- O Yes
- O No
- Prefer not to answer

Please indicate if anyone in your IMMEDIATE FAMILY has previously tradeler outlide of the United States (include other I American countries such as Canada and Mexico, and U.S. Overseas Territor, as such as Puerto Rico, Guam, etc.).

- O Yes
- O No
- Prefer not to answer

#### Outreach

## ACCESS TO GLOBAL OPPORTUNITIES

In addition to the demographic information you have provided, we need your feedback regarding barriers you may have er pursuing global opportunities.

Your answers to this section <u>will not</u> be seen by the review committees and <u>will not</u> be used to evaluate your application. responses will be analyzed in aggregate form by program staff to develop global opportunities to address barriers to partic

Your answers are confidential and respondents will remain anonymous in all data reportings.

Select any of the barriers listed below that have kept you from participating in global opportunities abroad.

Training program requirement
Lack of administrative support
Didn't know about opportunities
Applied for programs but was not accep d
Worried I wouldn't complete my training program on time
Did not have the funds to participate
Faced the burden of lost working wages
Lack of support, encouragement or understanding from fam. the inders
Didn't see the value of global travel for my medical training
Didn't see myself as the kind of resident who could travel abr d
Lack of peer support
Lack of Residency Program support
Other, please describe

Provide a specific example of a barrier you faced. (Optional)

Please indicate all of the ways you heard about this particular award.

<u>OIA Website</u>	
Fellow program resident	
Residency Program faculty	
OIA Email	
OIA Staff/Faculty	
OIA Global Health Forum	
GME Office	
	Other/not-listed (please indicate below)
	-

