



GLOBAL HEALTH AUTHORIZATION FORM

Learner: _____ Program/Level: _____

Global Health Mission: _____

Rotation at time of Mission: _____

Start Date: _____ End Date: _____

This mission will be officially recognized as training within the learner's scheduled rotation. They will be evaluated as per the program's goals and objectives previously established and submitted to the Postgraduate Medical Education office.

This mission will not be officially recognized as training within the learner's scheduled rotation. They have requested and been approved to take annual leave/conference leave and will meet the 2/3rd time requirement.

Program Director's Signature

Date

This form must be signed and submitted to the PGME office prior to the start of the global health mission.

Approval of Associate Dean, PGME

Date