



SOC 900.41
INDEPENDENT STUDY IN AN INTERNATIONAL SETTING COURSE
ENROLLMENT FORM

STUDENT INFORMATION

Name: _____ ID #: _____ Graduation Date: _____ Society: _____
Title of Independent Study: _____
Signature: _____ Date: _____ Home Country: _____ Original Class: _____

INTERNATIONAL EXPERIENCE INFORMATION

(In Country) Preceptor's Name: _____ Preceptor's Title: _____
Organization/Lab: _____
Address: _____
City/Region: _____ Country: _____
Telephone: _____ Fax: _____ Email: _____
Exact Dates of Project Start Date: _____ End Date: _____
Exact Dates of Travel Departure: _____ Return: _____

Please attach the following on a separate piece of paper with your name on it:

1. Describe 2-3 goals of your proposed project.
2. Describe 2-3 clinical or study objectives.
3. Name your direct faculty supervisor in the country where you are going (if not listed above) and their contact information.
4. Provide a complete narrative description of your proposed experience. Describe how the experience will inform your future career as a physician. If a clinical elective, provide a detailed description about the clinical setting, the patient population served, types of diseases encountered, typical day (morning rounds, case conference, on call schedule etc.).
5. Education modality (eg clinical, research, opportunity to write a publication, give a presentation, etc.).
6. Method(s) of assessing your own experience.

We expect you will be working full time for a minimum of 4 weeks while abroad. If not, please note this in your essay.

APPROVALS

1. Society Director/Associate Director Signature: _____ Date: _____
Print Name: _____
2. HMS Course Director (or designate) Signature: _____ Date: _____

(Jennifer Kasper, MD, MPH, is the current course director)

TO BE COMPLETED BY THE ON-SITE PRECEPTOR at the end of your experience:

HMS Student Name: _____

Time Spent in Independent Study. Where applicable, give a report of the amount of time fulfilled in the student's activity. In general one month of full-time work (4 weeks of 40 hours/week) equals 4 credits.

Were specific reading assignments given? ____ Yes ____ No (please check one). If yes, indicate number of hours per week for required reading assignments _____

Number of hours per week of outside reading _____

Number of hours per week for didactic instruction _____

Number of hours per week for clinical work _____

Number of hours per week for laboratory work _____

Number of hours per week of unsupervised work _____

Number of hours per week for all other work (*please define*) _____

Total number of hours per week: _____

Total weeks of independent study: _____

Method of evaluation (i.e., exam, paper, presentation, etc.): _____

Preceptor Signature: _____ **Date:** _____

Preceptor Name: _____

HMS Course Director (or designate) Signature: _____ **Date:** _____

HMS REGISTRAR'S OFFICE SECTION

Title of Independent Study: _____

AY: _____ Period Taken: _____

Credits: _____ Credit Type: _____ Independent Study Recorded in Database: _____

Date Preceptor Evaluation Received: _____ "Cr" Recorded in Database: _____

Copy of Preceptor Evaluation Put in Student File: _____ Copy sent to Society: _____

HOW TO DETERMINE CREDIT HOURS

To calculate credit hours: $\frac{\text{Total hrs/week} \times \text{total weeks}}{40}$ = number of credits to be assigned

Examples: $\frac{10 \text{ hrs/week} \times 16 \text{ weeks}}{40} = 4 \text{ credits}$ **OR** $\frac{40 \text{ hrs/week} \times 4 \text{ weeks}}{40} = 4 \text{ credits}$

Month-long Experiences:

- 1 month full-time work requires 4 weeks of 40 hrs/wk to equal 4 credits
- 1 month of half-time work requires 4 weeks of 20 hrs/week to equal 2 credits
- No credit is given to month long experiences designed to be less than 20 hrs/month
- 4 credits is the maximum that will be awarded for a one-month experience.

INSTRUCTIONS FOR APPROVAL OF ANY INTERNATIONAL EXPERIENCE

1. To apply for credit, you must:

- A. Complete page 1 and write a narrative about your proposed experience.
- B. Obtain the approval and signature of your Society Director/Associate Director on page 1.
- C. Submit page 1 and your narrative to the Scholars in Medicine Office (SMO) a minimum of 80 days prior to your departure date. **SMO staff will secure the approval of the SOC900 Course Director.**

The HMS Registrar's Office needs to receive this form 60 days in advance of your departure. The Registrar will not accept this form if you have already left for your independent study. You also need to complete an add/drop form (available on-line or from the Office of the Registrar) to add this SOC900.41 course. If you decide not to go through with this independent study, please let the Registrar's Office know.

2. Prior to your departure, you must:

- A. Provide the SMO with the Harvard Risk/Release Form and the SMO Safety Abroad Form (contact the SMO).
- B. Contact the SMO for information on Harvard's International SOS policy, which provides 24-hour worldwide emergency medical and evacuation assistance while overseas. If you are on Harvard related business, you will be enrolled in this insurance.
- C. Register your trip at the Harvard MyTrips page. Visit www.traveltools.harvard.edu then click "Register Your Trip." Record your information as soon as you book your trip and keep it up-to-date.

3. To receive credit at the end of your experience:

- A. **The on-site faculty preceptor** must submit to the Course Director/SMO:
 1. A written evaluation of your work on the preceptor's letterhead. It should include a short summary of what you did, how well you performed, and any contributions you made to the institution.
 2. On page 2, a completed section on Time Spent in Independent Study, signed and dated.

Submit both the evaluation letter and SOC900 page 2 by email, fax, mail, or in person:

HMS Scholars in Medicine Office

260 Longwood Ave, Suite 347

Boston, MA 02115-6092, USA fax: 617-432-5868

email to kari_hannibal@hms.harvard.edu

- B. **You** must submit a written report of your experiences (no more than 3-5 pages) to the Course Director/SMO. Please comment on arranging the experience (contacts, medications needed, flights, location, language), clinical or research responsibilities at the site (administrative details, hours worked, what you did, your observations or learning), your accomplishments, and your evaluation of the site, health and safety issues, physical safety, accommodation, and local transportation, which will be helpful for future students.

The Course Director will contact you if there are any questions about your report or the report of your in-country preceptor. The SMO staff will forward these reports to the Registrar's Office. Credit will be given according to the Registrar's guidelines and is determined by how many hours a week were dedicated to the experience. No credit will be given if the SMO has not received your in-country preceptor's letter, your summary of your experience, and your hours worked on page 2 of this form.

4. To apply for funding, contact the SMO for the appropriate forms.
5. Please keep a copy of this form for your records.