New Clinical Service Learning Program Application

Please complete and submit this signed proposal with all corresponding signatures along with the following documents to the Director of Global Health Programs by March 1\textsuperscript{st} for program consideration for the following fiscal year:

- Daily program itinerary
- Estimated budget
- Clinical or project credit description, if applicable
- Supporting documentation including unsigned contracts/MOU/estimates/publications on program and physical facilities including housing, institutional/organizational affiliation, clinical space etc.

1. Basic Description

Name: ______________________________________  Department: ______________________________
Work Phone: _________________________________  Cell Phone: ______________________________
Email: _____________________________________

2\textsuperscript{nd} faculty, Department or Academic Unit (if applicable)

Name: ______________________________________  Department: ______________________________
Work Phone: _________________________________  Cell Phone: ______________________________
Email: _____________________________________
Proposed Program Title: ___________________________________________________________________
Location City: ________________________________  Country: _________________________________
Host/Partner Institution: _________________________________
Occurrence (check answer): ___ recurring ___ every other year ____ one-time only ___ other

2. Target Audience (Please check all that apply)

Level: ___ freshman ___ sophomore ___ junior ___ senior ___ graduate ___ doctoral ___ other
Are visiting students welcome to apply? _____ yes _____ no
Field of Study: _____ limited to one major; list major ________________________________________
 ______ interdisciplinary; list majors ______________________________________________________

Sacred Heart UNIVERSITY
3. Admissions Requirements

Specific GPA requirement; please specify _______.

Prerequisite course(s), if any: ________________________________________________________________

Language proficiency requirements, if any: ______________________________________________________

Application essay required? ______ yes ______ no; Please include copy of application if required.

Please provide clinical or project course credit for each course

______ clinical credit offered _______ project credit offered ______ other credit offered

4. Accommodations (Check all that apply)

Note: Males and females are not allowed to share a room or apartment unit, but may be on the same floor. All students must be housed in the same building/hotel grounds.

Type:

_____ homestay _____ dorm/student residence _____ apartment _____ hotel room _____ hostel _____ other

Arranged by:

_____ faculty/department _____ host institution _____ housing agency _____ program provider _____ other

Amenities:

_____ private room _____ shared room _____ private bath _____ shared bath _____ laundry service

_____ laundry facilities _____ internet _____ wireless internet _____ use of kitchen _____ gym _____ pool

_____ other

Food:

_____ full meal plan provided _____ partial meal plan provided _____ no meals provided, students pay for meals.

□ Cooking facilities are available to students.

□ Students can purchase food at the host institution.

Have you visited the accommodations? _____ yes _____ no
If yes, how would you rate it in terms of:

Cleanliness: ______ excellent ______ good ______ fair ______ poor
Safety: ______ excellent ______ good ______ fair ______ poor
Security: ______ excellent ______ good ______ fair ______ poor

5. Health & Safety

Will students face any particular or unfamiliar health issues at this program site (i.e. need for water purification, need for inoculations)? ______ yes ______ no

Are you, a co-leader, or anyone traveling with the group certified in first aid or CPR? ______ yes ______ no

Do any of the SHU faculty speak the native language? ______ yes ______ no. If no, do you plan to use an interpreting service on site? ______ yes ______ no

Describe the medical facilities available to program participants at each of the locations where students will spend a substantial amount of time:
________________________________________________________
________________________________________________________________________________________

Please see the State Department’s website on travel warnings and consular information sheets here.

Non-violent crime (i.e. theft) ______ low ______ moderate ______ high
Violent crime ______ low ______ moderate ______ high
Political instability ______ low ______ moderate ______ high
Natural disasters ______ low ______ moderate ______ high

6. Faculty/Co-leader Selection

Will the faculty leader and/or co-leader (if applicable) be the same for the next three (3) years? If not, who else might be considered and how will he/she be selected? __________________________________________________________
________________________________________________________________________________________

7. Short Answers

On a separate sheet of paper, please answer the following questions (limit 150 words each).

- Please describe your past experience in the proposed location, including familiarity with the language, culture, country, host contacts and sites.
- Please list and describe your experience leading groups overseas (if any).
- Briefly summarize your overall shape of the program from clinical work to cultural integration (include excursions, field trips, activities, service opportunities, site visits, interviews, field research and clinical experiences)
- What aspects of the program facilitate immersion into the host culture?
How does this program complement or enhance the goals and mission of your department(s) and the College of Health Professions?

What are the student learning objectives?

What is the added value of offering this program abroad rather than on-campus? Please also indicate how the program incorporates the international location into its content and pedagogy.

8. Submission Procedures

Submit this fully completed application along with:

- short answers page
- daily program itinerary
- estimated budget
- clinical or project credit description
- student application to program
- unsigned contract or MOU

When all signatures are obtained, please submit the approved proposal, along with all supporting documents, in one PDF file to the Director of Global Health Programs via email (guntherc@sacredheart.edu) by March 1st for program inception for the following fiscal year.

Faculty/Co-leader Signature(s)
I have read the Faculty Guide for CHP Global Programs and agree to all of the terms. I recommend this proposal for review by the Program Director.

Faculty 1

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Faculty 2 (if applicable)

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Program Director
I certify that this program meets or exceeds the same standards and demands as a similar program led on campus and approve the program for clinical/project/lab credit. I have read the Faculty Guide for CHP Global Programs and agree to all of the terms. I have thoroughly read and understand all parts of this proposal and I am willing to provide the financial support required. I recommend this proposal for review by the Chair.

Signature
Print Name
Date

Department Chair(s) Signature(s)
I certify that this program meets or exceeds the same standards and demands as a similar program led on campus and approve the program for clinical/project/lab credit. I have read the Faculty Guide for CHP Global Programs and agree to all of the terms. I have thoroughly read and understand all parts of this proposal and I am willing to provide the financial support required. I recommend this proposal for review by the Director of Global Health Programs.

Signature
Print Name
Date

Director of Global Health Programs
I certify that I have thoroughly read this proposal and understand all parts of this proposal. I recommend this proposal for approval by the Dean.

Signature
Print Name
Date

Dean Signature
I approve this proposal for the next fiscal year.

Signature
Print Name
Date