David Geffen School of Medicine’s Travel Policy for Medical Students

UCLA’s David Geffen School of Medicine (DGSOM) is committed to minimizing the risk to students participating in academic programs. Travel to locations with a Level 1 or Level 2 US State Department Travel Advisory will typically be approved. Traveling for electives to countries with a Level 4 Advisory is not allowed.

Students will not be approved to undertake international DGSOM-approved activities in a location for which a US Department of State Travel Advisory (Level 3) is currently in place, unless a formal safety plan has been established and approved. For medical students, the safety plan and request for exception must be approved by the Associate Dean of Student Affairs.

The purpose of the safety plan is to a) establish that travel to the specific location poses minimal risk to the student, and b) determine if travel to this particular location presents a unique opportunity from a learning perspective. This safety plan must include the following items.

- A Request for Exception for State Department Advisory Travel Form from the UCLA faculty mentor regarding the safety of the site and the plan for monitoring safety and evacuating the student in case of an emergency. If the country has a travel advisory of level 3, but the specific location within the country is safe, this situation should be made explicit in the letter. The letter should also indicate areas to be avoided and should reference the US State Department’s official Travel Advisory Level and/or the IJet/WorldCue assessments that can be found at (http://ermsp.ucop.edu/uctrip), if applicable. A formal I-Jet assessment of the location should be included with the request;
- A Travel Waiver signed by the student, which states that they a) have read the State Department Travel Advisory/IJet assessment in detail, b) have obtained a formal, written assessment of the location from I-Jet, c) understand the safety plan as described by the mentor, d) agree to avoid areas that have been indicated by the mentor, and e) acknowledge the additional risk that they are undertaking.
- Proof of UC evacuation insurance that covers the evacuation of the student from the location in question (http://www.ucop.edu/risk-services/loss-prevention-control/travel-assistance/enrolling-in-uc-trip-insurance.html);
- Proof of enrollment in the State Department’s STEP program (https://step.state.gov/STEP/Pages/Common/Citizenship.aspx)

Questions may be directed to Dr. Traci Wells, Education Director at the Center for World Health (twells@mednet.ucla.edu).
Attestation for Travel to a Country with a US State Department Travel Advisory (Level 3)

I, ________________________________ (name of student), attest the following:

1. I have read the State Department Travel Advisory information in detail regarding my travel to ________________________________ (specific location), where I hope to travel during the following timeframe: ________________________ (proposed dates, including departure and return dates);

2. I have obtained a formal, written I-Jet assessment found at (http://ermsp.ucop.edu/uctrip) for travel to ________________________________ (specific location);

3. I understand and agree to adhere strictly to the safety plan as described by my UCLA faculty mentor in the Request for Exception for State Department Travel Advisory Form ___________________________ (name of faculty mentor);

4. I agree to avoid any and all areas that have been designated by my UCLA faculty mentor as unsafe;

5. I acknowledge that I am undertaking additional risk to my person by traveling to this location.

Signature of Student: ___________________________________________________

Signature of UCLA faculty mentor: _________________________________________

Signature of Assoc. Dean of Student Affairs: _________________________________
Request for Exception for State Department Level 3 Advisory Travel Form

The following information should be provided by the student’s UCLA faculty mentor.

Today’s date_______________________________________

Dates of proposed travel (departure and return dates)______________________________

Name of student____________________________________

Name of faculty person who is familiar with the site________________________________

1. Please specify the exact location(s) of the elective: country, region(s), and city(ies), along with the dates that will be spent at each location.

2. Please summarize why this country was given a U.S. State Department Level 3 Advisory.

3. Please state why the particular location(s) for this elective is/are deemed safe, despite the U.S. State Department Travel Advisory (cite all sources). If this location is not deemed safe, please describe why it is worthwhile to travel there, despite the risk.

4. Which areas of the country/region should be avoided? Please be specific and cite the U.S. State Department and the iJet/Worldcue assessment. (This request should be accompanied by the formal I-Jet assessment in writing.)

5. What is the contact information for the local, onsite supervisor, including name, address, cell phone number and email?

6. What is the student’s primary means of communication while abroad? What is his or her back-up means of communication. (Please be specific.)
7. How will the safety of this student be monitored and what is the process for establishing whether evacuation is needed and for potentially evacuating the student, if necessary? Please be specific.