David Geffen School of Medicine’s Travel Policy for Residents

UCLA’s David Geffen School of Medicine (DGSOM) is committed to minimizing the risk to residents 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.

Residents 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 residents**, the safety plan and request for exception must be approved by the residency director, the Associate Dean of Students Affairs, and the Dean of Graduate Medical Education.

The purpose of the safety plan is to a) establish that travel to the specific location poses minimal risk to the resident, 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 Warning Advisory Form** from the UCLA residency director regarding the safety of the site and the plan for monitoring safety and evacuating the resident in case of an emergency. If the country has a Level 3 Travel Advisory, 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 Advisories and/or the I-Jet/WorldCue assessments that can be found at [http://ermsp.ucop.edu/uctrip](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 resident, which states that they a) have read the State Department Travel Advisory 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 resident from the location in question ([http://www.ucop.edu/risk-services/loss-prevention-control/travel-assistance/enrolling-in-uc-trip-insurance.html](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](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 resident), attest the following:

1. I have read the State Department Travel Warning 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 residency directory in the Request for Exception for State Department Travel Advisory Form ___________________________ (name of residency director);

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

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

Signature of Resident: ___________________________________________________

Signature of Residency Director: ___________________________________________

Signature of Dean of Graduate Medical Education: ___________________________

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 residents’ Residency Director.

Today’s date_______________________________________
Dates of proposed travel (departure and return dates)_______________________________________
Name of Resident_______________________________________
Name of faculty member 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 resident’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 resident be monitored and what is the process for establishing whether evacuation is needed and for potentially evacuating the resident, if necessary? Please be specific.