



## GLOBAL HEALTH AUTHORIZATION FORM

Resident: \_\_\_\_\_ Discipline/Level: \_\_\_\_\_

Global Health Mission: \_\_\_\_\_

Rotation at time of Mission: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

This mission has been officially recognized as training within the resident's scheduled rotation. S/he will be evaluated as per the discipline's goals and objectives previously established and submitted to the Postgraduate Medical Education Office.

\_\_\_\_\_  
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.***