



NATIONWIDE CHILDREN'S

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Name _____ Date of Birth _____

Male _____ Female _____ Other _____ Country _____

THIS FORM CANNOT BE COMPLETED BY THE APPLICANT

IMMUNIZATION RECORD: (Please list date of last immunization, if 2 doses required list 2 dates)
All applicants to the Nationwide Children's Hospital International Education Program must provide proof of the following immunizations. Your application will not be complete without this record. Your application will be reviewed at the **next** Advisory Committee Meeting after your immunization record has been received.

SUPPORTING DOCUMENTATION OF IMMUNIZATIONS MUST BE ATTACHED TO THIS FORM

IMMUNIZATION _____ **DATE** _____

Adult Diphtheria/Pertussis/Tetanus (required within last 10 years) _____

The routine schedule for Tdap/Td vaccination is to administer a 3-dose series at 0, 1, and 6–12 month intervals, including one dose of Tdap, preferably as the first dose, followed by a Td booster every 10 years. If Td is indicated but not available, Tdap may be substituted.

Hepatitis B (vaccination series for Hepatitis B or positive titer) _____

MUMPS (2 doses or positive titer) _____

Rubella (2 doses or positive titer) _____

Rubeola (2 doses or positive titer) _____

Polio _____

Tuberculosis (TB) (Intradermal PPD required in the last 12 months or chest x-ray if received BCG or if skin test converted to positive within the past year. If positive more than 12 months ago, negative x-ray and medical follow-up needed.) _____

Varicella (Chicken Pox) (2 doses or positive titer) _____

Flu: Seasonal Immunization _____

History of Illness Physician documentation of disease is required

I hereby attest that the above information is accurate

MEDICAL ADMINISTRATOR (SIGNATURE) _____ INSTITUTIONAL STAMP _____ DATE _____

MEDICAL ADMINISTRATOR (PRINT NAME)

INSTITUTION NAME



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International Scholars Program English Verification

The US Department of State (**DOS**) requires **J-1** program sponsors to determine that prospective exchange visitors have sufficient English proficiency to successfully participate in his or her programs. Per this regulation, the sponsor must show that the exchange visitor:

Possesses sufficient proficiency in the English language, as determined by an objective measurement of English language proficiency, successfully to participate in his or her program and to function on a day-to-day basis. A sponsor must verify an applicant's English language proficiency through a recognized English language test, by signed documentation from an academic institution or English language school, or through a documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option. [22 CFR 62.10(a) (2)]

Evidence of how Nationwide Children's Hospital (**NCH**) measured applicants' English language proficiency will be retained in the applicant file so that it may be made available to the **DOS** upon request." [60301]

Regardless of VISA type, **NCH** requires that International Scholars Program (**ISP**) participants visiting for 2 weeks or more adhere to these same standards.

One of the following measurements that will be used to determine **DOS** requirements as followed.

Indicate the evidence submitted to verify the English proficiency of _____
(PROSPECTIVE SCHOLAR VISITOR'S NAME)

- Official score record from a recognized English language test (i.e. TOEFL or IELTS), taken within 3 years, of exchange visitor application.
- Signed, certified documentation from an academic institution or English language school within the last 3 years.
- Proof of a degree with a transcript for a program **taught in English**, completed within the last 12 months.
- A documented interview with **ISP** staff representative and assigned **NCH** mentor.
- I have attached the required documentation for proof of English Verification.**

Prospective Scholar Visitor (Name): _____	
Prospective Scholar Visitor (Signature): _____	Date: _____
----- OFFICE USE ONLY -----	
ISP Staff Representative: _____	
Signature: _____	Today's Date: _____



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International Scholars Program Proof of Financial Responsibility

United States Citizenship and Immigration Services requires Nationwide Children's Hospital to verify the financial resources of all international applicants. This information is required to obtain a visa. **Nationwide Children's Hospital, considers funds sufficient when the total of all funds is equal to or greater than \$2000 per month for the length of visit.**

Proof of Financial Responsibility can come from several different funding sources to include personal, family, university, institutional, etc. Supporting documentation for each of the funding sources is required. Financial documentation must meet the following guidelines:

Bank Statement must:

- Include **scholar or account holders full legal name and date of birth**,
- Define specific type of account or funding source*
- Be **dated within 6 months** of application
- Be written in **English**, or accompanied by official translation
- Indicate the amount in **U.S. Dollars** in the account

*Acceptable account types are checking, savings, and money market with "liquid" funds providing evidence money can be readily converted into cash if needed.

Documentation of funding sources in another individual's name must be accompanied a letter from the account holder authorizing use of funds by the scholar for the expenses related to the international visit.

Institutional Letter of Support must:

- Must be an **original** on institution letterhead; copies will not be accepted
- Include **award recipient / scholar full legal name**
- Be **dated within 6 months** of application
- State the **period of time and the total amount of support** provided
- Be written in **English**, or accompanied by official translation

Scholarship award letters must clearly state:

- Details of what the scholarship includes or covers
- The total award, stipend and or dollar amount available per month.

I have attached the required documentation for proof of my financial responsibility.

Prospective Scholar Visitor (Name): _____

Prospective Scholar Visitor (Signature): _____ **Date:** _____

----- **OFFICE USE ONLY** -----

ISP Staff Representative: _____

Signature: _____ **Today's Date:** _____



International Scholars Program Memorandum of Agreement (*Independent*)

THIS AGREEMENT is made between Nationwide Children's Hospital, Columbus, Ohio (**NCH**), a non-profit pediatric academic medical center, which sponsors an International Scholar Program (**ISP**), and _____ (the Scholar).

WHEREAS the Scholar desires to participate in observership education program at **NCH** as outlined on the **ISP** application; and

WHEREAS the Scholar has obtained a [**B**] / [**J-1**] visa in order to be in the United States for a ____ period of time; and

WHEREAS, **NCH's** International Advisory Committee and the Service Line / Division of _____ has approved the Scholar to participate in the Program in _____ (specialty).

NOW THEREFORE, the Scholar agrees: (Please Initial)

- To have truthfully and accurately represented themselves on the **ISP** application.
- That they are not an employee of **NCH** and not entitled to receive health, worker's compensation or any other benefits from **NCH**.
- To pay for their travel, living, and other expenses incurred traveling to and from the country of origin and remaining in the United States.
- To obtain and maintain health insurance coverage for the duration of the observership to cover personal medical expenses incurred for themselves and any family members with in the United States.
- To only observe patient care and have no direct or incidental contact with patients and families at **NCH**.
- To abide by **NCH** Medical Staff Bylaws, policies and procedures (including but not limited to Administrative, Patient-Family Care, Disaster, Personnel, Infection Control and Corporate Compliance) and to agree infractions thereof may be justification for dismissal.
- If applicable, to abide by all rules and regulations regarding their visa and to agree to return to my country of origin on or before _____ when the visa expires.
- To submit a complete immunization and medical history prior to the start of the observership education program at **NCH** and to fulfill any requirements therein stipulated.



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NOW THEREFORE, **NCH** agrees: (Please Initial)

- To accept the Scholar for the period approved and outlined in the Scholar invitation, beginning _____ and ending _____ for the observership education program.
- To provide support for an experience that serves to meet the goals outlined on the Scholar's application.
- To maintain an environment and an access to resources that foster achievement of the Scholar's goals.
- To provide a Scholar, observing at least 3 months at **NCH**, and completing a concluding presentation, with a Certificate of Completion. May not be used as evidence of participation in an approved graduate medical education or other clinical training program. Stecker Scholars will receive certificates of completion following their concluding presentation no matter the length of observership.

By signing below, I acknowledge that I have read this document in its entirety.

Independent Scholar Applicant (Print Name): _____
Independent Scholar (Signature): _____ Date: _____
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ISP Staff Representative: _____
Signature: _____ Today's Date: _____



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International Scholars Program Memorandum of Agreement (*Stecker*)

The purpose of the Stecker International Scholars Program is to improve healthcare provided to all children around the world, regardless of their race, color, creed or national origin. To accomplish this purpose, Nationwide Children's Hospital has agreed to train the undersigned in pediatric healthcare provider in Columbus, Ohio, U.S.A. The purpose is fulfilled by the undersigned utilizing his pediatric healthcare training in his/her country upon completion of the Stecker Scholars Program. In consideration of the Stecker Scholarship provided to the undersigned by Nationwide Children's Hospital in the amount up to **\$7,486.00**, the undersigned does hereby acknowledge, and agree, that he/she will return to his/her home country of _____ within thirty **(30)** days after completing the Stecker Scholars Program unless the undersigned extends his/her visit to the United States by engaging in another educational program, with Nationwide Children's Hospital approval. Said approval must be obtained before the beginning of the Stecker Scholars Program. The undersigned agrees that all expenses for the visit will be his/her responsibility. Upon completion of his/her scheduled healthcare training experience at Nationwide Children's Hospital, the undersigned will practice in the field of pediatric medicine or nursing for not less than two years from his/her date of return to _____

The undersigned acknowledges, and agrees, that if he/she fails to return to his/her home country Of _____ within the agreed time period, to practice for at least two years in the field of pediatric medicine, he/she will reimburse the Stecker Scholars Program at Nationwide Children's Hospital the total gross amount received through this program, plus 6% interest, and all other costs incurred, including attorney fees.

In signing this Agreement, the Stecker Scholar acknowledges that family members cannot accompany them to Nationwide Children's Hospital, and may only visit for the final two weeks of the scholar's agreed upon healthcare training experience time period.

Stecker International Scholar award recipients must obtain a J-1 visa and provide clear copy of the J-1 visa to the International Scholars Program prior to traveling to Nationwide Children's Hospital. The Stecker Scholar Program will not provide a stipend unless proof of a J-1 visa, is received by the Program prior to arrival at Nationwide Children's Hospital.

By signing below, I acknowledge that I have read this document in its entirety.

Stecker Scholar Applicant (Print Name): _____

Stecker Scholar (Signature): _____ **Date:** _____

----- **OFFICE USE ONLY** -----

ISP Staff Representative: _____

Signature: _____ **Today's Date:** _____



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International Scholars Program Health and Conduct Agreement

- I am currently not ill and I have not had recently been exposed to chicken pox, measles, or other contagious diseases. I understand that my acceptance into the program is contingent upon my being in good health and I should make the International Scholars Program (**ISP**) aware of any chronic or systemic illness or illnesses that I have.
- I will bring a supply of any medications that I am taking or may need to take, whether it is a prescription drug or can be purchased over the counter. I understand that the healthcare delivery system in the United States differs from the one in my home country and my medications may not be available.
- While observership precautions will be taken, I understand I may be exposed to a variety of communicable diseases during my stay. Nationwide Children's Hospital (**NCH**) is not responsible for illness or injury resulting from my experience.
- I understand I am required to present myself in a professional manner and wear appropriate attire while at NCH. I will comply with NCH's dress codes, policies and Standards of Conduct.
- I understand all patient information is confidential. I agree not to reveal any patients' names, take unauthorized photographs or discuss information about their condition with any individual patients, families, or including peers.
- I will report to work as scheduled by my mentors or coordinators, on time and prepare to work until the shift is completed. Whenever I leave work place for break, lunch, meeting, or at the end of the day, I will inform the mentor or the person I am working with when I am leaving, and for what purpose.
- If I am sick and cannot perform expected duties, I will inform the ISP office, the mentor and/or the mentor's assistant. I am expected to inform the ISP office when the illness has ended.
- I will inform the ISP Office when I will be away from NCH, regardless of the reason (illness, vacation, meeting, etc.).
- I understand, I am expected to check NCH email daily and respond in a timely manner when information are requested. General expectation is no later than within 24 hours for regular email.



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- I will respond to pages within 15 minutes.
- I will make appointments to meet with ISP staff when necessary. Drop-in visits are discouraged.
- The ISP staff will provide assistance in personal matter in the form of guidance only. The ISP staff are available during normal working hours 8:00am – 4:30pm Monday – Friday. After hours or weekend, directions will be provided.
- I will dress in appropriate professional attire. No jeans or sweatshirts will be worn in the hospital during normal working hours. White coats are required in-patient areas at all times. ID badges are required at all times while on hospital property.
- I understand any violation could result in withdraw/dismissal from the program and any observership at NCH.
- I will meet all expectations of the ISP.

By signing below, I acknowledge that I have read this document in its entirety.

Prospective Scholar (Print Name): _____

Prospective Scholar (Signature): _____ **Today's Date:** _____

Address (please include county):



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International Scholars Program Health Insurance Coverage Policy

The International Scholars Program (**ISP**) at Nationwide Children's Hospital (**NCH**) serves as a gateway for emerging or established clinical and healthcare leaders (scholars) from around the world to participate in an approved educational program at NCH. Upon approval by the International Advisory Committee, scholars may be invited to participate in an educational experience for a period of a few days to a year. The length of the visit period is determined on an individual basis, taking into account many factors including the educational goals, available NCH resources, and the type of scholar. The international scholar categories are:

- International Visitors
- Independently Funded Scholars
- Scholars awarded a Stecker Scholarship or other NCH funded program

All International scholars participating in a program longer than 2 weeks in duration must purchase health insurance coverage for the duration of their stay at NCH. Through a plan approved by *Nationwide Children's Hospital and in accordance with* The U.S. Department of State's requirements used for the Exchange Visitor (J) non-immigrant visa category found at <https://j1visa.state.gov/participants/how-to-apply/eligibility-and-fees/> Visits less than 14 days may be covered by the scholar/visitor's current health plan **or** by traveler's insurance.

Upon acceptance to the program, **or** prior to arrival at NCH, international scholars with:

- **B-1 Visas** (Visitors staying from 15 days or longer)
- **J-1 Visas**
- Visa Waivers (As determined by the U.S. Department of State) are required to secure NCH approved health insurance coverage through an NCH approved insurance provider.

Health insurance coverage should begin no later than the first day at NCH and end no earlier than the last day at NCH. *The minimum coverage required by NCH must match the minimum coverage and minimum benefits required by the U.S. Department of State Exchange Visitor Program regulations [22 CFR 62.14] found here: <http://bit.ly/2o06uB0>*

NCH and the U.S. Department of State also require that any J-2 dependents (spouses and minor unmarried children under the age 21) accompanying International Scholars are required to carry medical insurance at the minimum benefit levels stated in the program regulations as well [22 CFR 62.14] found here: <http://bit.ly/2o06uB0>

NCH will cancel approval or terminate the visits of scholars or visitors who do not purchase and maintain health insurance.

Scholars can also maintain healthcare coverage; individuals with pre-existing health conditions are particularly encouraged to maintain their current coverage in their home country as most U.S.A. health insurance plans have restrictions on coverage of preexisting health conditions.

Approved by the IAC 1/19/11, 04/05/18

----- **APPROVED BY:** -----

Karen E. Heiser, PhD, Vice President, Education, DIO: _____ Date: _____ Tim Robinson, Executive Vice President/CFO: _____ Date: _____
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