

# International Scholars Program (ISP) Short-term Independent Visitor Application (30 days or less)

**NOTE:** Application processing and approval can take up to **three (3)** months from the time all required documentation is **received** in the ISP office. Applicants should allow enough time from date of application completion to requested travel dates for processing and approval.

## Items Required in addition to International Scholars Program Application:

1. **Curriculum Vitae:** List current position, education and detailed professional experience.
2. **Current, Color Photo:** Provide a forward-facing, professional photo of applicant no larger than 2½ x 3½ inches.
3. **Completed, signed Immunization Form with supporting documentation:** Required documentation should be English translated and provide proof of immunizations, titers and medical status listed on form.
4. **Completed, signed Health and Conduct Agreement Form**

## Visitors Staying Fifteen (15) Days or More are also Required to Submit:

1. **Completed Verification of English Proficiency Form:** Include a listed form of acceptable documentation.
2. **Completed Proof of Financial Responsibility Form:** Include a listed type of acceptable supporting documentation.
3. **Completed, signed Memorandum of Agreement:** Choose Stecker Scholar or Independent Scholar document.

Once you have Obtained all Above Required Documents, email with Application in a PDF Format to [ISP@NationwideChildrens.org](mailto:ISP@NationwideChildrens.org)

## Following ISP Application Approval and Prior to Arrival, Applicants Must Provide:

1. **Copies of Visa and Passport:** Picture and text must be clearly visible.
2. **Proof of Medical Insurance coverage:** See required coverage limits and preferred insurance vendor.

**NOTE:** J-1 Visa Holders are required to purchase Medical Insurance Coverage from preferred insurance vendor [Gallagher Koster medical insurance](#)

## Campus Housing is Available on a First Come, First Serve Basis:

If interested, complete the [Campus Housing Application](#).



*Every question must be answered for the application to be accepted.  
This application should not be used for the Stecker Scholarship Program.*

**Program Applying for:**  Independently Funded Program

**I am requesting to visit** (include month, day and year):

First Choice: From: \_\_\_\_\_ To: \_\_\_\_\_

Second Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

I understand that this is an observation-only, non-credit experience with no direct patient care permitted.

\_\_\_\_\_ (Initial) Today's Date: \_\_\_\_\_

***NOTE: Applicants should allow up to three months for application processing and approval.***

## **Personal Information**

Given Name: \_\_\_\_\_ Surname (Family Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City/Country): \_\_\_\_\_

Citizenship (Country): \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender:  Male  Female  Other: \_\_\_\_\_

Profession:  Physician  Nurse  Other: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

Home Phone Number (include country code): \_\_\_\_\_

Mobile Phone Number (include country code): \_\_\_\_\_

## **Professional Information**

Current Job Title: \_\_\_\_\_

Institution / Hospital Name: \_\_\_\_\_

Is this a children's hospital?  Yes  No

Institution / Hospital Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code/Zip Code: \_\_\_\_\_

Institution / Hospital Web Address: \_\_\_\_\_

Work Phone Number (include country code): \_\_\_\_\_

Work Email Address: \_\_\_\_\_

Are you a faculty member or are you teaching at a medical school?  Yes  No

If yes, Position / Title: \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

College/University Name: \_\_\_\_\_

## Emergency Contact Information

*(at least one person listed must be in home country)*

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (with country code): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (with country code): \_\_\_\_\_

## Visit Purpose and Goals

- Provide information about the Goals and Purpose of your visit / participation in the ISP at Nationwide Children's Hospital. Describe the areas you are interested in observing. Please provide at least 3 detailed and specific goals.

- I CERTIFY that all statements and information furnished in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this application are subject to verification and I agree to furnish supporting documents or information when requested and/or names, addresses and phone numbers (if known) of officials or other individuals who can substantiate the qualifications described above. I also understand that intentional misstatements or falsification will result in immediate rejection of application.
- I understand that submission of this application is not confirmation of visit approval.
- I understand that final approval of participation in the ISP, Stecker or Independent, at Nationwide Children's Hospital, is dependent on complete submission of required documentation and final review of the International Advisory Council, Program leadership or staff.
- BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT IN ITS ENTIRETY.

**Applicant Printed Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_