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International Scholars Program
Short-Term (30 Days or Less)
Independently Funded Application

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. The **ISP** Short-Term Independently Funded scholars are all self-funded.

Items required in addition to the International Scholars Program Application:

1. **Curriculum Vitae:** List current position, education, and detailed professional experience
2. **Copy of Passport:** Picture and text must be clearly visible
3. **Current color photo:** Provide a forward-facing, professional photo of applicant no larger than 2½ x 3½ inches
4. **Completed, signed Required Immunization form with supporting documentation:** Required documentation must be English translated and provide proof of immunizations and titers listed on form. All visitors must provide evidence of CDC or WHO approved COVID-19 vaccination
5. **Completed, signed Health Insurance Coverage form**
6. **Completed, signed Health and Conduct Agreement form**

Visitors staying fifteen (15) days or more are also required to submit:

1. **Completed, signed English Language Verification form:** Include a listed form of acceptable documentation
2. **Completed, signed Proof of Financial Responsibility form:** Include a listed type of acceptable supporting documentation
3. **Completed, signed Memorandum of Agreement:** Complete Independently Funded Program form
4. **Copy of diploma**

Once you have obtained ALL the above required documents, email with the application in a single PDF format to ISP@NationwideChildrens.org. All acceptable supporting documentation must be in English or English translated.

Upon arrival at Nationwide Children's Hospital, applicants must provide:

1. **Copy of Visa:** 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 may be available:

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 the dates below (include month, day, and year):

First Choice: From: _____ To: _____

Second Choice: From: _____ To: _____

Department or area of specialty you wish to observe: _____

Mentor's name (if known): _____

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

I also understand that I should allow up to three months after application packet is completed and accepted for application processing and approval.

I understand all documentation must be submitted in English or with an English translation.

_____ (Initial) Today's Date: _____

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: _____

Phone Number (include country code): _____

Clinical access category requested for visitor (Check all that apply):

The observer is not permitted to touch the patient or participate in a procedure beyond a purely observational role. This applies to all clinical access categories.

☐ **Clinical Contact** (Patient observation in evaluation rooms only): Entering into an evaluation of a patient under the supervision and direction of a physician licensed to practice in the state of Ohio.

☐ **Research-Based Patient Observation** (Patient observation for research purposes **only**): Primarily conducting research and potentially observing clinical care in the observation room or in an evaluation room in connection with a research project.

Professional Information

Current Job Title: _____

Institution/Hospital Name: _____

Direct Supervisor 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): _____

Goals Statement

List at least *three* specific goals you wish to accomplish during your participation in the International Scholars Program at Nationwide Children's Hospital. Please be detailed and specific.

☐ **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) or 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 any program 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

_____

Date Signed

_____

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International Scholars Program
Required Immunizations

Name: _____ **Date of Birth:** _____

All applicants must provide immunization and communicable disease history information **including dates and supporting proof** of the following immunizations. Your application will not be complete without this form **and** the supporting documentation. Supporting documentation must be in English or English translated. Your application will not be reviewed for approval until all required immunization information has been received.

THIS FORM SHOULD BE COMPLETED BY A MEDICAL ADMINISTRATOR AND CANNOT BE COMPLETED BY THE APPLICANT

SUPPORTING DOCUMENTATION AS PROOF OF THE FOLLOWING TESTS/IMMUNIZATIONS IN ENGLISH MUST ACCOMPANY THIS FORM

IMMUNIZATION RECORD: Please list the dates (**mm/dd/yyyy**) beginning with most **recent** immunization dose and include dates of all required number of doses.

Adult Tetanus/Diphtheria: Date: _____
Individuals must receive Td or Tdap booster shot within 10 years.

Hepatitis B: Dates: _____ _____ _____
3 doses or positive titer Individuals must have positive titer or receive this immunization.

MUMPS: 2 doses or positive titer Dates: _____ _____
Individuals must have positive titer or receive this immunization. The individual must have gotten at least one shot within the last 30 days, or two shots at least 28 days apart.

Rubella: 2 doses or positive titer Dates: _____ _____
Individuals born after 1957, must have positive titer or be revaccinated if they have not been vaccinated since 1980. If born in or before 1957, they must have a history of Rubella; if they have a negative titer, they must obtain vaccine.

Rubeola: 2 doses or positive titer Dates: _____ _____
Individuals born after 1957 must have positive titer or be vaccinated if they have not been vaccinated since 1980. If born in or before 1957, they must have a history of Rubeola; if they have a negative titer, they must obtain vaccine.

Tuberculosis (TB): Date: _____
Individuals must have proof of a Tuberculosis skin test within 12 months prior to the **start** of visit. Those individuals with a positive PPD test must have a chest x-ray and certification from a licensed physician that they are free of active Tuberculosis.

Varicella (Chicken Pox): Dates: _____ _____
2 doses or positive titer
Those individuals who have negative titer are required to receive 2 doses of varicella vaccine, 4 weeks apart, unless precluded from doing so for a medical condition.

Seasonal Influenza Vaccine (Flu): Date: _____
Individuals must have 1 dose of influenza vaccine within a year

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COVID-19: see CDC accepted COVID-19 vaccines

Dose 1: Brand: _____ Date: _____

Dose 2: Brand: _____ Date: _____

Dose 3: Brand: _____ Date: _____

The scholar must be fully vaccinated against COVID-19 at DATE OF APPLICATION SUBMISSION. The scholar is considered fully vaccinated two weeks after completing the primary COVID-19 vaccine series of 2 doses of Pfizer-BioNTech or Moderna; or 1 dose of Johnson & Johnson's Janssen. Full vaccination occurs 2 weeks after last dose. Booster dose(s) strongly recommended for eligible scholars.

☐ **I hereby attest that the above information is accurate**

Medical Administrator (Print Name):

_____

Medical Administrator (Signature):

_____

Institution Name:

_____ **Date:** _____

Institutional Stamp:

International Scholars Program
Health Insurance Coverage

The **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**. If approved by the International Advisory Council, International Scholars may be invited to participate in an educational experience for a period of a few days up to 1 year. The length of the visit period is determined on an individual basis, considering many factors including the educational goals, available **NCH** resources, and the type of scholar.
The International Scholar categories are:

- Independently Funded Scholars
- Stecker Scholarship Funded Scholars (or Stecker Scholars)

All International Scholars participating in a program longer than 14 days 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 *Code of Federal Regulations: Title 22 Chapter I Subchapter G Part 62 Exchange Visitor Program*. Visits for 14 days or less may be covered by the scholar's current health plan or by traveler's insurance.

After acceptance into the program and prior to arrival at NCH, International Scholars with:

- **B-1 Visas**
- **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: *Code of Federal Regulations: Title 22 Chapter I Subchapter G Part 62.14*. **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: *Code of Federal Regulations: Title 22 Chapter I Subchapter G Part 62.14*
NCH will cancel approval or terminate the visits of Scholars who do not purchase and maintain health insurance.

☐ **By signing below, I acknowledge that I have read and understand this document in its entirety.**

Applicant Printed Name

_____

Applicant Signature

_____

Date Signed

_____

International Scholars Program
Health and Conduct Agreement

- ☐ I am currently not ill, and I have not had recently been exposed to any 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. 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 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 is requested. General expectation is no later than within 24 hours for regular email.
- ☐ The ISP staff will provide assistance in personal matter in the form of guidance only.
- ☐ I will meet all expectations of the ISP. I understand any violation could result in withdraw/dismissal from the program and any observership at NCH.

☐ **By signing below, I acknowledge that I have read and understand this document in its entirety.**

Applicant Printed Name

_____

Applicant Signature

_____

Date Signed

_____

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International Scholars Program
Short-Term (30 Days or Less) Independently Funded Visitors

STOP

IF YOU ARE OBSERVING FOR 14 DAYS OR LESS, AND RETURN YOUR COMPLETED PACKET

CONTINUE

IF YOU ARE OBSERVING FROM 15-30 DAYS, COMPLETE THE REMAINING DOCUMENTS AND RETURN YOUR COMPLETED PACKET

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International Scholars Program
English Language Verification

In accordance with the U.S. Department of State's **(DOS)** requirements used for the Exchange Visitor (J) non-immigrant visa category found at *Code of Federal Regulations: Title 22 Chapter I Subchapter G Part 62 Exchange Visitor Program*, the **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)]*

Regardless of VISA type, all of the International Scholars participating in a Nationwide Children's Hospital (NCH) International Scholars Program (ISP) longer than 14 days in duration must adhere to standards contained in this regulation.

Proof of English language proficiency must come from one of the following sources. Supporting evidence must be attached.

Indicate attached source of supporting evidence:

- ☐ Official score record from a recognized English language test* taken within 3 years of exchange visitor application and meeting minimum score requirements.**
- ☐ Proof of a degree with a transcript for a program taught in English, completed within the last 12 months.

*Accepted tests include the Test of English as a Foreign Language (TOEFL) and The International English Language Testing System (IELTS)

** Minimum score requirements are: IELTS score of 6 and TOEFL score of 16 in each of the categories. Evidence of how 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]

☐ **By signing below, I acknowledge that I have attached the required documentation for proof of English Verification.**

Applicant Printed Name

_____

Applicant Signature

_____

Date Signed

_____

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.

Indicate all attached sources of supporting documentation:

☐ **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 with 30 days** 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.
- Be written in **English**, or accompanied by official translation

☐ **By signing below, I acknowledge that I have attached the required documentation for proof of my financial responsibility.**

Applicant Printed Name

_____

Applicant Signature

_____

Date Signed

_____

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International Scholars Program
Independently Funded Memorandum of Agreement

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 0utlined 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 ISP** International Advisory Council and the Service Line/ Division of _____ has approved the Scholar to participate in the **ISP** 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 within 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 prior to the start of the observership education program at **NCH** and to fulfill any requirements therein stipulated.

NOW THEREFORE, **NCH** agrees: To accept the Scholar for the observership education program for the period approved and outlined in the Scholar invitation, 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*. Stecker Scholars will receive Certificates of Completion following their concluding presentation regardless of the length of observership. *May not be used as evidence of participation in an approved graduate medical education or other clinical training program.

☐ **By signing below, I acknowledge that I have attached the required documentation for proof of my financial responsibility.**

Applicant Printed Name

_____

Applicant Signature

_____

Date Signed

_____