



Global Health Program

E-mail globalhealth@usfq.edu.ec

Phone (593) 2 297 1700 ext. 4023

International Application Form

Please complete this application form and send the requested documents electronically to globalhealth@usfq.edu.ec:

- Copy of your international medical insurance
- Copy of your international professional liability insurance
- Color copy of the photo page of your passport
- Letter from the Director of the Residency Program
- Vaccination History

Please include a recent photo of yourself here.

I am applying for the following program (choose one):

- | | | |
|---|-------|----------------------|
| <input type="checkbox"/> Clinical Rotation | Dates | <input type="text"/> |
| <input type="checkbox"/> Primary Care - Clinical Rotation | Dates | <input type="text"/> |
| <input type="checkbox"/> Community Medicine (Ecuadorian Health Care System) | Dates | <input type="text"/> |
| <input type="checkbox"/> Research Project | Dates | <input type="text"/> |

Please detail area of interest: _____

Personal Information

Full name (as it appears on passport):

Address:

City/State Country: Phone:

Date of birth: E-mail:

Gender: M F Citizenship: Passport Number:

Emergency Contact Person: Phone:

Do you have any diagnosed health problem or allergy? Yes No

If yes, please explain: _____



Academic Information

University/Hospital name:

Director of Residency Program (name/e-mail):

Specialty:

PGY: Year of enrollment: Expected graduation year:

How would you describe your Spanish language ability? Please indicate your level in speaking, writing, and reading in Spanish.

Beginner *Intermediate* *Advanced* *Fluent*

Speaking ability:

Writing ability:

Reading ability:

International Health Experience

Do you have any previous international experience in the health sciences? Yes No

If yes, please detail them here: _____

Host Family Information*

Would you like to stay with an Ecuadorian host family: Yes No

If yes, indicate your preference (check as many as you like):

With young children With university-aged children No children Pets No Pets

Do you smoke: Yes No

Would you mind living with people who smoke (only outside the house)? : Yes No

Do you have any dietary restrictions or preferences?

Vegetarian Vegan Lactose intolerance Allergies/other

Please describe: _____

If you choose to stay with a host family, a form will be provided for more detailed information.

***Host Families are pre-qualified by USFQ to offer their host service with a reasonable standardized cost.**



Flow-Chart of Application Process

