

CHAMBERLAIN COLLEGE OF NURSING
GLOBAL HEALTH EDUCATION PROGRAM
STUDENT APPLICATION

Please submit your completed application via email to:
globalhealthprogram@chamberlain.edu



Select desired Global Health Education Program experience and rank your first, second and third choice.

First choice/date: _____

Second choice/date: _____

Third choice/date: _____

Pre-licensure students will need to meet the following academic requirements to be eligible to participate in the Global Health Education Program

- Successful completion of NR-324: Adult Health I and NR-325: Adult Health II
- Two faculty recommendations
- Minimum CGPA of 3.0

Student Information:

Name: _____
First MI Last Male Female

Student ID (D#): _____ Campus/Location: _____

Phone: _____
Home Cell Work

Primary email address: _____ Alternate email address: _____

Date of birth: _____ Do you have a U.S. passport: Yes No

Name as printed on passport: _____

Passport expiration date: _____

T-shirt size (please insert your size): Generic sizes S-XXXLarge _____

Emergency Contact Information:

Name: _____ Relationship: _____

Email: _____ Phone: _____

Identify any health conditions that would interfere with your ability to take part in moderate physical activity while on this program.*

List all known allergies:

Dietary restrictions:

* A statement from your physician stating that you are capable of participating on this trip may be required.

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Have you had any academic integrity, behavioral or lack of professionalism issues while a student at Chamberlain College of Nursing?

Yes No

If yes, please explain.

Please list any student and community-related activities you have participated in within the past year.

In a short paragraph describe why you would like to participate in this program.

Immunizations are required for any international program.* For immunization information, students are encouraged to access the **Centers for Disease Control and Prevention** website at [cdc.gov/travel](https://www.cdc.gov/travel).

Resources for obtaining your vaccinations:**

1. Travel clinic at a local health department
2. Travel clinic at a local hospital
3. Family doctor

*Immunizations are not included in the cost of the experience

**Immunizations availability may vary by location

Traveling to developing countries can be challenging and presents certain risks that should never be taken lightly. It is strongly recommended each student consult the **U.S. Department of State International Travel** website (travel.state.gov/travel/travel_1744.html) and carefully review international travel recommendations, travel alerts and travel warnings. This information will help you make an informed decision about participating in the experience.

I have completed the application and read the **United States Department of State International Travel Recommendations**.

Student Signature: _____ Date: _____

Chamberlain College of Nursing Academic Leadership Authorization: _____ Date: _____

If you have any questions, email globalhealthprogram@chamberlain.edu