



**Global Health Elective Rotation Application Endorsement**  
**Program Director Endorsement of Applicant**

I attest that \_\_\_\_\_ is a resident/fellow in good standing in our residency program. I endorse his/her/their application for a global health elective and I have reviewed the goals and objectives for this elective. I have vetted and approved the individual who will be supervising the above resident for the duration of their elective rotation. I understand that he/she/they will need to be excused from usual WU/BJH/SLCH clinical duties during the period of time he/she would be completing this elective. I agree that this elective will not affect the resident's/fellow's ability to be compliant with our specialty's Residency Review Committee program requirements. I have contacted our specialty Board as well as the Residency Review Committee to confirm this. I have completed all items on the GME Global Health Checklist for Program Directors. I understand that any urgent contacts from this resident will be directed to me (or my designee in my absence).

\_\_\_\_\_  
Printed Name of Residency/Fellowship  
Program Director

\_\_\_\_\_  
Signed Name of Residency/Fellowship  
Program Director

\_\_\_\_\_  
Date