

Rx One Health

June 4 – July 1, 2017

Application

Note to Interested Parties: Before applying please review dates, cost, and all other relevant information (see <http://Rx.OneHealth.Institute>) to be sure you are able to commit to this course if selected. Note that the cost of the course will be US \$4500, and participants will be responsible for arranging and paying for their own airfares flying to Tanzania and returning from Rwanda.

1. Name:

2. Telephone number:

3. Birthdate:

4. Check the area of study or professional expertise that best describes you:

- Veterinary Medicine
- Medicine/Public Health
- Nursing/Physician's Assistant/Nurse Practitioner
- Agriculture
- Conservation/Environmental Sciences
- Nutrition
- Other (please specify):

5. If you are currently enrolled in a degree program, provide the name of your program and your institution:

5a. Years completed and expected date of completion:

6. Educational background: List post-secondary education, starting with most recent training; provide degree, school, and major/concentration as appropriate:

7. Experience and skills: Outline your employment history and any volunteer work, and describe the practical skills and knowledge you have acquired to date that are of most relevance to the objectives of this course.

8. Describe any living/working/traveling experience you have had outside your country of residence and what you learned from that experience. How has that experience prepared you for this course? (250 words or less)

9. What does “team learning” mean to you? Describe your experience working in “team learning” environments and tell us what you believe are your greatest strengths as a team learner (250 words or less)

10. Why are you applying to Rx One Health 2017? Explain what you hope to gain from this course. How do you plan to apply the experience from the course to your future work? (750 words or less)

11. Please outline your financial plan to cover the cost of the course (US \$4500) and airfare to Tanzania at the start of the course and from Rwanda (e.g. self-fund, employer, scholarship, grant, etc). (100 words or less)

12. Would you be available to participate in an online or in person informational orientation and safety/security course at UC Davis pre-departure in May 2017?

Yes

No

Not sure. Explain:

13. Provide letters of support from three individuals who know you well and can address your ability to work and learn in a multidisciplinary or inter-professional, team-oriented and new environment. One reference should be work/academic-related, one volunteer or work related, and one personal. Please ask your references to address their understanding of your commitment, work ethic, and abilities as a team player. These letters may be submitted with your application or emailed to UCD directly by your referees by the application deadline.

Provide the names, title and contact information (email addresses and telephone numbers) of the 3 recommenders who will submit your letters of support.

1.

2.

3.

- I have read and understand that if I am selected for this program I agree to attend the mandatory safety training (on-line or in person), sign the UC Davis International Travel Agreement 2017 for this course, verify insurance, and complete the emergency contact form.

- I have read the CDC and US Department of State advisory recommendations regarding travel to Tanzania and Rwanda and I agree to complete the necessary forms to arrange international travel insurance and complete all immunizations. I acknowledge that my health care is my own responsibility.

- I have verified that this entire application is complete and acknowledge that I am financially equipped personally or through my work to cover my own airfare, as well as pay the nonrefundable deposit by the April deadline and the remaining balance by the the May deadline.

- I acknowledge that this program depends on the level of safety for travelers to the proposed destinations and that the program might be cancelled at any time if student travel is deemed to be high risk. In this case, participant funds will be refunded.

Signature: _____ Date: _____