

International or Intranational Placement Checklist

Student name:

- Student completed proposal process and received approval to proceed with international or intranational placement experience

Date:	Student initials:	Associate Director initials:
-------	-------------------	------------------------------

- Student's RU and Site Lead Faculty, OSSPA Manager, and Placement Coordinator informed of approval

Date:	Associate Director initials:
-------	------------------------------

- Student completed travel risk assessment form from Integrated Risk Management (for international placements)

Date:	Student initials:	OSSPA Manager initials:	Copy in DCSN file? <input type="checkbox"/>
-------	-------------------	-------------------------	---

- Student registered with RU International (for international placements)

Date:	Student initials:	OSSPA Manager initials:	Copy in DCSN file? <input type="checkbox"/>
-------	-------------------	-------------------------	---

- Placement confirmation and preceptor/contact name information obtained

Date:	Student initials:	Placement Coordinator initials:	Copy in DCSN file? <input type="checkbox"/>
-------	-------------------	---------------------------------	---

- Student signed and submitted RU International waiver (for international placements only)

Date:	Student initials:	OSSPA Manager initials:	Copy in DCSN file? <input type="checkbox"/>
-------	-------------------	-------------------------	---

- Student has provided proof of medical insurance coverage

Date:	Student initials:	OSSPA Manager initials:	Copy in DCSN file? <input type="checkbox"/>
-------	-------------------	-------------------------	---

- Letter Confirming Student Status from Associate Director

Date:	Student initials:	Associate Director initials:	Copy in DCSN file? <input type="checkbox"/>
-------	-------------------	------------------------------	---