



**EMEDEX International, Inc**  
**440 Lenox Rd. Suite 2M**  
**Brooklyn NY 11203**  
**718-270-1629**  
**www.emedexinternational.org**

## Application for EMEDEX Grant

This application must be submitted no later than 6 weeks prior to the planned international project or rotation. The application will then be reviewed by the EMEDEX Board and notification of approval given within 2 weeks of submission of the application. If approved, upon return from the international rotation, the applicant is required to complete the Reflective Statement, as detailed below.

### Applicant Information

<b>Legal Name:</b>		
<b>Address:</b>		
<b>City</b>	<b>State</b>	<b>ZIP Code</b>
<b>Country</b>	<b>Email address</b>	<b>Phone number</b>

<b>Institution / Current employer</b>		
<b>Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip code</b>
<b>Country</b>		
<b>Tel. #: ( )</b>		
<b>Fax #: ( )</b>		
<b>Your title:</b>		

<b>Occupation (circle one)</b>	
A – Attending Physician	D - Nurse
B – Resident Physician	E – Medical Student
C – Administrator	F – EMS provider
<b>Other (Specify):</b>	



## **International Rotation Plan**

Date: \_\_\_\_\_

Name of applicant: \_\_\_\_\_

Location of planned international elective: \_\_\_\_\_

International Rotation Point-Of-Contact Person and Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Second Point-Of-Contact Person and Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Accommodation Type (aka, house, apt, dorm): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### ESTIMATED BUDGET

Travel cost: \_\_\_\_\_

Accommodation cost: \_\_\_\_\_

Food/daily expenses cost: \_\_\_\_\_

Funds raised/contributed by applicant: \_\_\_\_\_

### **Learning Objectives**

Please describe below:

- your learning objectives for your international rotation (at least 3)
- how many hours you plan to work
- what activities you will be involved with
- whether this rotation will be related to an existing/ongoing EMEDEX or other organization's project



## Reflective Statement

The Reflective Statement is *mandatory* and due by *one month* after return from the international rotation.

Please describe in at 1-2 pages what your experience abroad was like. Include what your responsibilities were, what kind of activities you participated in, how their system and patient population differed from your home work environment. State how you met or were unable to meet your learning objectives (as per your International Rotation Plan).

Please list **at least one** suggested way to positively impact the health system (emergency or otherwise) of the place abroad where you worked. If you have an idea for a project that EMEDEX might be able to be a part of, please describe it here briefly.

**Please make sure** to revise the below information (after completing your rotation), regarding accommodations, budget, and contact people, for the sake of future rotators and projects.

Rotator name: \_\_\_\_\_

Location of international rotation: \_\_\_\_\_

International Rotation Point-Of-Contact Person and Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Second Point-Of-Contact Person and Title: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Accommodation Type (aka, house, apt, dorm): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### EXPENSES

Travel cost: \_\_\_\_\_

Accommodation cost: \_\_\_\_\_

Food/daily expenses cost: \_\_\_\_\_

Funds raised/contributed by applicant: \_\_\_\_\_

Other expenses (please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_