



## International Visiting Scholar

UAB International Medical Education is very happy to assist in welcoming International Visiting Scholars to our premier facilities. While we are proud of our physical facilities and cutting-edge technology; our employees are what really makes the difference. International Visiting Scholars benefit from a long history of world-renown physicians, scientists and educators.

UAB is a non-profit, comprehensive urban university with the nation's third-largest public hospital that has grown rapidly and effectively and evolved into a world-renowned research university and health care center, Alabama's single largest employer, and an engine of revitalization for Birmingham. With more than 22,000 students, 28,000 employees, and a campus covering more than 100 city blocks, UAB is focused on the future of teaching, research, health care, and community service.

We are a Carnegie R1 ("very high research activity") doctoral university. *U.S. News & World Report's* 2022 "America's Best Graduate Schools" ranks 16 UAB graduate programs among the nation's top 25 and eight UAB specialties were ranked among the nation's top 50 in the magazine's 2022-2023 Best Hospitals report. UAB Hospital is once again ranked as the No. 1 hospital in Alabama in 2022. Seventeen of our graduate programs are in the Top 25 in the U.S. News 2023 rankings of "Best Graduate Schools," including the #1-ranked Master's in Health Care Management program.

UAB receives requests from various types of international visiting scholars who wish to train, observe or participate in activities on our campus. These activities are encouraged and strengthen the teaching mission and the spirit of collaboration of all of our academic schools. UAB embraces inclusion and seeks to cultivate an environment that values differing perspectives, people and experiences. This diversity is essential to fulfilling the enduring mission. Your time with us will be mutually enriching.

The following represents a checklist and forms to be completed before making travel plans to come to UAB. Since all items must be cleared before your arrival, it is suggested that you start the process three months prior to your desired start date.

Best,

**INTERNATIONAL MEDICAL EDUCATION**  
University of Alabama at Birmingham

## International Visiting Scholar Checklist

### ITEMS REQUIRED BEFORE YOUR APPLICATION IS REVIEWED

(Please send the following to [internationalMD@uab.edu](mailto:internationalMD@uab.edu))

- Completed International Visitor Application
- Payment of nonrefundable international visiting scholar application fee (\$350). (Must be received with this application)
- Completed & signed International Visiting Scholar Major Medical Form
- Completed & signed the International Visiting Scholar Financial Responsibility Statement
- Signed Acknowledgement of Receipt of UAB Enterprise Code Of Conduct
- Copy of biographical page of passport and Copy of Visa (if applicable)
- Updated CV
- Copy of Medical Diploma or certificate of highest degree achieved
- Verification of funds and/or financial scholarship to support you while in the U.S. (Minimum of \$2,000 per month)
- Proof of health insurance coverage that will be bought by the start date and meets the minimum guidelines (See pg 6)
- Proof of English Language proficiency List of Accepted Documents

May also demonstrate English oral proficiency via LifeSize by UAB's English Language Programs -\$75 fee.

\*Scores must be from test taken within two (2) years of application date.

Proof of English Proficiency not required from citizen of countries where English is the official language or from US citizens.

### ITEMS NEEDED BEFORE YOU COME TO UAB

**INTERNATIONAL VISITING SCHOLAR HOUSING** (send to [internationalMD@uab.edu](mailto:internationalMD@uab.edu))

- Secured lodging for the duration of opportunity

**INTERNATIONAL VISITING SCHOLAR MEDICAL CLEARANCE:** (Send the following to [ehsoccmed@uab.edu](mailto:ehsoccmed@uab.edu))

- Provide medical records to UAB at [ehsoccmed@uab.edu](mailto:ehsoccmed@uab.edu) using the UAB International Visiting Scholar Medical Clearance forms [HERE](#) ---(Email Subject line: International Visiting Scholar / UAB Faculty Host Name)
- Provide proof of Physical Exam performed by physician/provider within 1 year of my training/activity start date (home country or US). UAB Occupational Medicine will not perform the physical examination.
- Immunization records: Vaccinations must be verified by physician or clinician.

**\*\*TB Chest X-ray must be performed on your first day in Birmingham, Alabama.**



**International Visiting Scholar  
Application Fee Payment Methods  
Payment of Course Fees by Bank wire Transfer**

There are two options to pay the **\$350** International Visiting Scholar application fee:

**By credit card using the following link:**

[International Visiting Scholar application fee - credit card option](#)

**By bank wire using the following instructions:**

To wire the payment to the University of Alabama at Birmingham for payment of the international visiting scholar application fee, please provide the following information to your bank:

Bank Name: Regions Bank

Bank Address: P. O. Box 11007

Birmingham, AL 35288

Account Name: UAB Operating Account

Account No.: 0000065463

Routing No.: 062000019 (Domestic transfers)

SWIFT Code: UPNBUS44 (International Transfers only)

PLEASE REFERENCE THAT THE MONEY IS FOR THE INTERNATIONAL VISITING SCHOLAR APPLICATION FEES. STATE THAT YOU ARE AN INTERNATIONAL VISITING SCHOLAR.

**\*This is a non-refundable fee\***

**INTERNATIONAL VISITING SCHOLAR ACKNOWLEDGEMENT OF PROOF OF MAJOR MEDICAL INSURANCE**

DATES OF TRAINING		Beginning Date: _____	Ending Date: _____
LAST NAME	FIRST NAME	MIDDLE INITIAL	
EMAIL ADDRESS			

**My signature below acknowledges:**

1. My major medical insurance coverage should meet the following minimum standards:
  - a. from an insurance company licensed to conduct business in the U.S.
  - b. Provide coverage for physicians and hospital providers in the state of Alabama
  - c. Provide coverage for the full duration of the training period
  - d. Medical benefits of at least \$100,000 per accident or illness
  - e. Repatriation (at least \$25,000)
  - f. Medical Evacuation (at least \$50,000)
  - g. Deductible not to exceed \$500 per accident or illness
2. Procedures, labs, pap smears, X-rays, prescriptions, and referrals ordered by any UAB Health Services provider will be my responsibility to pay (the UAB laboratory and X-ray departments may file my insurance, but I will be responsible for any charges not covered by my insurance).
3. I agree to notify my UAB host if there is a change in my insurance as stated below.
4. I understand that the insurance information provided below represents only myself.
5. By completing this form, I am confirming that it is my responsibility to maintain major medical insurance coverage (meeting all the above requirements) for the full duration of the training period indicated on this form.

\_\_\_\_\_  
Signature of International Visiting Scholar

\_\_\_\_\_  
Date Signed

**Please submit coverage page of proposed insurance that meets minimum guidelines above with this form.**

**INTERNATIONAL VISITING SCHOLAR FINANCIAL RESPONSIBILITY STATEMENT**

Name of International Visiting Scholar: \_\_\_\_\_

Dates of Opportunity: \_\_\_\_\_ to \_\_\_\_\_

UAB Host Department: \_\_\_\_\_

UAB Faculty Host: \_\_\_\_\_

I, \_\_\_\_\_, am scheduled to take part in international visiting scholar activities for the dates listed above. Part of the requirement for my approval to take part in international visiting scholar activities at UAB is that I must present and maintain sufficient medical insurance to pay for all fee-for-service charges that I incur should I receive medical services at any UAB hospital or clinic.

**This responsibility obligates me to ensure payment in full for the services I receive.**

I am ultimately responsible for all payment obligations arising out of my treatment or care and guarantee payment for these services. I am responsible for deductibles, co-payments, coinsurance amounts, or any other patient responsibility indicated by my insurance carrier or UAB FINANCIAL POLICIES, which are not otherwise covered by supplemental insurance.

I am responsible for knowing and understanding my insurance policy. For example, I will be responsible for any charges if any of the following apply: (i) my health plan requires prior authorization or referral by a Primary Care Physician (PCP) before receiving services at UAB, and I have not obtained such an authorization or referral; (ii) I receive services in excess of such authorization or referral; (iii) my health plan determines that the services I received at UAB are not medically necessary and/or not covered by my insurance plan; (iv) my health plan coverage has lapsed or expired at the time I receive services at UAB; or (v) I have chosen not to use my health plan coverage. If I am not familiar with my plan coverage, I will contact my carrier or plan provider directly.

I hereby certify that I am in a state of health sufficient for me to take part in international visiting scholar activities at UAB. I assume personal responsibility for my well-being. I knowingly and voluntarily waive, release, exculpates and discharges the Board of Trustees for the University of Alabama, including the University of Alabama at Birmingham, its officers and directors, employees, other entities affiliated therewith and any parties associated with the international volunteer / international visitor activities (collectively "UAB") from any and all loss, injury, death, claims, actions, suits, proceedings, settlements, damages, costs, fees, and expenses, at law or equity, known and unknown, foreseen and unforeseen, including, but not limited to, attorney fees and costs of litigation, and liabilities arising out of, connected with, or resulting from my involvement in the training, including without limitation, medical expenses, other costs, injury, sickness, or death. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend, and hold harmless UAB from any and all liability whatsoever for any and all damages, losses, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys' fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the international volunteer / international visitor activities.

In case of any incident involving injury, I will assume the responsibility of all medical bills, if any, should my insurance not pay the full billing.

I acknowledge that I have read, considered, and understand this entire document. I voluntarily agree to execute this document and participate in the international volunteer / international visitor activities. I voluntarily sign this agreement of my own free will fully intending to legally bind myself, my heirs, successors, and assigns to its terms.

\_\_\_\_\_  
International Visiting Scholar signature

\_\_\_\_\_  
Date

**Please use the link to review the policy:** [Link to UAB Enterprise Code of Conduct](#)

**ACKNOWLEDGEMENT OF RECEIPT OF UAB ENTERPRISE CODE OF CONDUCT**

My signature below indicates that I have reviewed the University of Alabama at Birmingham's *UAB Enterprise Code of Conduct policy* on date \_\_\_\_\_.

I understand that this document contains information regarding UAB's rules, regulations and policies which affect me as an international visiting scholar.

I acknowledge that I have read and understood UAB's Enterprise Code of Conduct.

I also understand that UAB may revise, supplement or rescind policies, or procedures described in the document, with or without notice.

**International Visiting Scholar:** \_\_\_\_\_

Printed Name of International Visiting Scholar (First, Middle, Last)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Confidentiality Agreement Form

**IMPORTANT:**

Read all sections. If you have any questions, please ask them before signing. You will receive a copy of this Agreement and a copy will be placed in your personnel/academic program file.

**- DISCLOSURE OF PROTECTED HEALTH/SENSITIVE INFORMATION -**

I recognize that the services provided by UAB and/or UAB Health System and their Operating Entities (collectively referred to as "UAB") for its patients are private and confidential; that to enable UAB to perform those services, patients furnish information to UAB with the understanding that it will be kept confidential and used only by authorized persons as necessary in providing these services; that financial information, personnel data, trade secrets, and other sensitive information shall also be kept confidential; that the good will of UAB depends upon keeping this information confidential; that certain moral, ethical, and legal obligations are attached to this information; and that by reason of my duties or in the course of my employment or training I may receive or have access to verbal, written, or electronic information concerning patients, finances, personnel data, trade secrets, other sensitive information, or services performed by UAB even though I do not furnish the services or have direct access to the information.

I hereby agree that, except as directed by UAB or by legal process, I will not at any time during or after my employment, training, observing, or during my duties at UAB, disclose any such services or information to any unauthorized person, or permit any such person to examine or make copies of any reports or other documents prepared by me, coming into my possession or control, or to which I have access, that concerns UAB in any way. I agree that I will not attempt to use any such information for my own advantage.

I recognize that the unauthorized disclosure of information by me may violate state or federal laws and do irreparable injury to UAB or to the patient, and that the unauthorized release of information may result in disciplinary action being taken against me, up to and including termination of employment or assignment. Civil and criminal penalties may be brought against me as a result of my unauthorized disclosure of information.

**- SECURITY OF UAB INFORMATION/EQUIPMENT -**

I agree that I will comply with all security and privacy regulations, standards, policies, and procedures in effect at UAB.

I understand that all software used on a computer owned by UAB must be properly licensed and approved by UAB Administration for use on that computer. The use of unlicensed or unapproved software constitutes a serious risk to UAB operations. If I use or allow the use of any unlicensed or unapproved software or computer game on a UAB computer, I will be subject to disciplinary action or dismissal.

UAB computer applications are communication systems allowing you to retrieve protected health information or other sensitive data.

I understand that my user account is equivalent to my legal signature, and I will be accountable for all work done under this account. I acknowledge that my use of UAB information resources may be monitored/audited. I will not disclose my user account to anyone, nor will I attempt to learn another person's account. I will not access data on patients, finances, personnel, or trade secrets for which I have no responsibilities and for which I have no "need to know." If I have reason to believe that the confidentiality of my user account has been breached, I will immediately contact my information services department.

By receiving a user account, I acknowledge and understand that I am responsible for proficient use of UAB computer applications. I further acknowledge and understand that my proficiency in using UAB computer applications is a condition of continued employment in my position and that failure to reach the required level of proficiency for my position within a reasonable time will bring about termination of employment. If I do not fully understand the application functions, I may contact my information services department for assistance.

I acknowledge that I have been made aware of UAB's confidentiality of information standards. I have read all of the above Sections of this Agreement, and I understand them.

Name (please print)	Position/Title	School/Department
Signature	Date	Unit