



**Notice to Minority Health International Research Training (MHIRT)  
Applicants:**

Thank you for your interest in the MHIRT Program. The College of Nursing and Health Sciences at the Florida International University in Miami coordinates international research training experiences in nursing research for minority baccalaureate and graduate nursing students. The MHIRT program is directed by Kathy Anderson, ARNP, Ph.D., Associate Professor, and Marie-Luise Friedemann, RN, Ph.D., Professor Emerita, FIU, College of Nursing and Health Sciences. The program is funded by the Office of Minority Health and Health Disparities, National Institutes of Health (NIH) and the Fogarty International Center, NIH.

The purpose of the international research experiences for minority nursing students is to educate nurse leaders and researchers in the area of chronic illness care to reduce and eliminate health disparities. The specific aim of this research training program is to develop undergraduate and graduate student skilled researchers to contribute to clinical research about disparities in the care of patients with chronic illness in racial and ethnic minorities and underserved populations in this country and in Europe.

The following documents can be downloaded from the FIU MHIRT web page or picked up at the FIU College of Nursing and Health Sciences office. Before you undertake the completion of this application, please call Dr. Kathy Anderson at (305) 348-7708 to explore the compatibility of your interests and our available research sites.

- MHIRT Program Overview
- Checklist for MHIRT Application
- MHIRT Application Form
- Responsibilities of a MHIRT Trainee
- Professional Recommendation Form (2 copies)

Once you have completed all of the appropriate documents, keep a copy for your personal records, and return originals to the office of Dr. Kathy Anderson, HLSII-458A. **Applications are due July 28, 2009 for Spring 2010 and Summer Travel 2010.**

**Qualifications for eligibility:**

- Fully admitted to College of Nursing and Health Sciences
- Completed basic research course in your program with grade of 3.0 or better.
- Minimum GPA 3.0
- Minority status (excluding some Asian heritages)
- Recommendation by faculty and community member

All completed applications are reviewed on a revolving basis, so early application is advisable. If you have any questions, please do not hesitate to contact the MHIRT Program staff. We welcome your interest in international research training and research in nursing sciences.

Kathy Anderson, ARNP, Ph.D.  
MHIRT Director  
Telephone: (305) 348-7708  
E Mail: [andersok@fiu.edu](mailto:andersok@fiu.edu)  
FAX: (305) 348-7765

Marie-Luise Friedemann, RN, Ph.D.  
Program Coordinator  
Telephone: (305) 826-3264  
E Mail: [friedemm@fiu.edu](mailto:friedemm@fiu.edu)

**MINORITY HEALTH INTERNATIONAL RESEARCH TRAINING (MHIRT) PROGRAM**

**Florida International University  
College of Nursing and Health Sciences, HLSII 458A  
11200 S.W. 8<sup>th</sup> Street  
Miami, Florida 33199  
(305) 348 -7708 - (305) 348-7765 FAX  
Email: [andersok@fiu.edu](mailto:andersok@fiu.edu)**

**CHECKLIST FOR MHIRT APPLICATION**

Note: The MHIRT program is administered under the direction of **Dr. Kathy Anderson, Associate Professor, and Dr. Marie-Luise Friedemann, Professor Emerita, FIU College of Nursing and Health Sciences**. Questions regarding the application process for the MHIRT Program may be directed to Dr. Anderson or Dr. Friedemann:

**Kathy Anderson, ARNP, Ph.D.**      **Marie-Luise Friedemann, RN, Ph.D.**  
**Director MHIRT**                      **MHIRT Program Coordinator**  
[andersok@fiu.edu](mailto:andersok@fiu.edu) (305) 348-7708      [friedemm@fiu.edu](mailto:friedemm@fiu.edu) (305) 826-3264

The completed application should be mailed to the FIU College of Nursing and Health Sciences at the address listed above.

Please **include all documents listed below:**

**All Applicants:**

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Documentation of Citizenship or Permanent Residence Status
- \_\_\_\_\_ 2 Copies of USA passport or passport application
- \_\_\_\_\_ Responses to Personal Statement Questions
- \_\_\_\_\_ Responsibilities of a MHIRT trainee
- \_\_\_\_\_ Most recent unofficial FIU transcript, that includes evidence of at least 3.0 in pre-requisite Research course
- \_\_\_\_\_ Two letters of recommendation completed and signed over sealed envelopes

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**MHIRT APPLICATION FORM**

Note: Please complete the following six-page application form.

**NAME:** \_\_\_\_\_  
Last First Middle Initial

**TELEPHONE:** (    )    -    -Home  
                   (    )    -    - Work  
                   (    )    -    - Cell  
**FAX:**    (    )    -

**E MAIL:** \_\_\_\_\_

<b>CURRENT ADDRESS:</b>	<b>PERMANENT (HOME) ADDRESS (If different from Current)</b>
Number and Street      Apt./Ste.	Number and Street      Apt./Ste.
City/Town	City/Town
State/Province	State/Province
Country Zip/Mail Code	Country Zip/Mail Code
<b>DATE OF BIRTH:</b> /    /	<b>SOCIAL SECURITY #</b>
Month    Day    Year	

**RACE/ETHNICITY?**

- Black/African American
- Native American/Alaskan Native (Please Specify Tribe/Band) \_\_\_\_\_
- Hispanic
- Pacific Islander
- Rural Appalachian
- Other: (Please Specify) \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_

**COUNTRY OF PARENT’S BIRTH:** Mother \_\_\_\_\_ ; Father \_\_\_\_\_

**CITIZENSHIP:**

- United States
- Other (Please Specify) \_\_\_\_\_

**NOTE:** Please attach copy of citizenship/legal residency documentation (i.e., passport, application for passport, green card).

**LANGUAGE SKILLS:**

- I do **NOT** speak a language other than English.
- I **DO** speak a language other than English (please specify which language(s) \_\_\_\_\_)

Indicate level of fluency:      π Marginal  
    π Conversational  
    π Fluent, but with limited skill in reading written materials  
    π Fluent and read most written materials well

**Note:** Some placement sites may require specific language skills.

**EDUCATIONAL BACKGROUND:**

Please list current or recent education first. Include all college and/or professional level education.

<b>College/University/School Complete Name &amp; Address</b>	<b>Date of Attendance/Graduation</b>	<b>Program of Study/Major</b>

**Undergraduate Applicants:**

Current Class Status     Junior             Senior

Program     RN-BSN     Foreign Educated Physician to BSN     Generic  
 Health Related Discipline \_\_\_\_\_

**Graduate Students:**

Specify number of years enrolled:     Masters for \_\_\_\_\_ years             Full time             Part time  
 Doctoral for \_\_\_\_\_ years             Full Time             Part time

Track:     Adult Health     Child Health     Psych-Mental Health     Family Health     Anesthesiology Nursing  
 Executive

School/College: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE (Please list most recent employer first):**

Employer Complete Name & Address	Position/Title	Dates of Employment

PASSPORT NUMBER \_\_\_\_\_ COUNTRY \_\_\_\_\_ Renewal Date: \_\_\_\_\_

**REFERENCES:**

Please list the names of the TWO persons who will be completing the professional recommendation forms:  
**NOTE: For students, at least two of these should be faculty members.**

**Reference #1**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Name of address location)

\_\_\_\_\_ (Street number and name)

\_\_\_\_\_ (City/Town) \_\_\_\_\_ (State/Province)

\_\_\_\_\_ (Country) \_\_\_\_\_ (Zip/Mail Code)

\_\_\_\_\_ (Telephone) \_\_\_\_\_ (FAX) \_\_\_\_\_ (E Mail)

**Reference #2**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Name of address location)

\_\_\_\_\_  
(Street number and name)

\_\_\_\_\_  
(City/Town) (State/Province)

\_\_\_\_\_  
(Country) (Zip/Mail Code)

\_\_\_\_\_  
(Telephone) (FAX) (E Mail)

**PERSONAL STATEMENT QUESTION**

**For the following set of questions, respond on a separate page with sub-headings. Attach a hard copy of your responses to the end of the application.**

**PLEASE LIMIT YOUR RESPONSES TO A TOTAL OF THREE PAGES.**

Briefly state **your reason for applying to the MHIRT program**. Explain why participating in the program would benefit you now and how the experience would help you in the future.

Write a **short introduction about yourself**, including your special interests and volunteer experiences. Mention any honors that you may have received.

Describe any **past research experience that you have had**. If possible, include the name of the study and the researcher with whom you worked, the nature of your research activities, and list any research publication that you may have had a part in the authorship. If none, just state no research experience beyond coursework. Students should list the specific courses and content for research methods, research ethics, and scientific integrity.

Are there any **special circumstances**, financial, health, or social, for consideration of your MHIRT application?

Express how you envision the role of **nursing research in your future professional career**.

The MHIRT Advisory Committee and the International Research Faculty who select the participants are particularly interested in knowing about your

- motivation and interest for the project and research
- level of independence
- adaptability to new situations
- perseverance on working toward a goal
- experience with other languages
- willingness to tolerate other cultures different than your own, and
- experience in working with others in groups.

You are advised to address these qualities in your personal statement.



Telephone number(s)

Please identify any special or specific needs that you might have regarding housing accommodations or transportation.

Special Access Needs:

Allergies (food, pets, etc.):

Other:

Please identify other skills you would bring to the research experience, such as computer skills, literature search skills, telephone skills, other career or personal skills.

Please indicate your plans for getting along with other individuals who may have different views and values than you are familiar with.

List any medical condition that you have and medication you take for that condition:



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PROFESSIONAL RECOMMENDATION FORM

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**APPLICANT TO COMPLETE THE SECTION BELOW:**

This letter of recommendation is provided by \_\_\_\_\_ (PRINT NAME)  
of \_\_\_\_\_ (PRINT AFFILIATED INSTITUTION).

The form should be returned to me **in a sealed envelope**.

Please return the form to me by \_\_\_\_\_ (PRINT DUE DATE).

I [ ] have [ ] have not waived my choice to review the completed letter of recommendation.

Thank you for your assistance,

\_\_\_\_\_  
Applicant signature

---

**Thank you for your willingness to provide this letter of recommendation. Please provide a candid evaluation of the applicant listed above. The person named is applying for an award for travel to another country to conduct research. The Minority Health International Research Training (MHIRT) Program, a collaborative endeavor with participating members in Germany, England, Italy, Thailand, and the Colombian project in Mexico, Peru, or other South American country is directed by Dr. Kathy Anderson, Associate Professor of Nursing, at Florida International University in Miami and funded by the National Center for Minority Health and Health Disparities, National Institutes of Health.**

**A prompt response is requested since incomplete applications will not be evaluated. Please confine your evaluation to this form. Your assistance is appreciated.**

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Applicants Name:

---

Your Name:

Title:

---

Institution:

Department:

---

Address:

City:

---

State:

Zip Code:

Phone: ( )

---

E Mail:

Fax:( )

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1) Approximately how long have you known this applicant? \_\_\_\_\_ years

2) How well are you acquainted with the applicant as a person?

- Very Well       Well       Marginally

3) How well are you acquainted with the quality of his/her scholarship/work?

- Very Well       Well       Marginally

4) In what capacity have you had an opportunity to evaluate the applicant's scholarship/work?

5) To your knowledge, are there any special circumstances, financial, social or otherwise, which you believe require consideration?

6) Why do you believe this applicant would benefit from an international research experience? (THE PURPOSE of the MHIRT program is to broaden cultural perspectives and encourage gifted students to consider a research career in the biomedical/behavioral sciences).

7) List interpersonal strengths/difficulties in relating with others of other cultures.

<input type="checkbox"/> Please rate the student by checking the appropriate areas:	Excellent	Good	Fair	Inadequate
<input type="checkbox"/> Critical thinking skills				
<input type="checkbox"/> Conceptual thinking skills				
<input type="checkbox"/> Writing skills				
<input type="checkbox"/> Creativity				
<input type="checkbox"/> Interest in research				
<input type="checkbox"/> Perseverance				
<input type="checkbox"/> Ability to work in groups				
<input type="checkbox"/> Social adaptability				
<input type="checkbox"/> If the applicant is an undergraduate student, in your view, is he/she likely to pursue graduate education? (Circle One)				<b>YES NO</b>
(Use this space if you would like to qualify any rating given in No. 9.)				
The information above is provided to the best of my knowledge and ability to determine.				
Signature:			Date:	

(PLEASE CONFINE YOUR ANSWERS TO THE SPACE PROVIDED.)

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PROFESSIONAL RECOMMENDATION FORM

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**APPLICANT TO COMPLETE THE SECTION BELOW:**

This letter of recommendation is provided by \_\_\_\_\_ **(PRINT NAME)**

of \_\_\_\_\_ **(PRINT AFFILIATED INSTITUTION).**

The form should be returned to me **in a sealed envelope.**

Please return the form to me by \_\_\_\_\_ **(PRINT DUE DATE).**

I [ ] have [ ] have not waived my choice to review the completed letter of recommendation.

Thank you for your assistance,

\_\_\_\_\_  
Applicant signature

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**A prompt response is requested since incomplete applications will not be evaluated. Please confine your evaluation to this form. Your assistance is appreciated.**

---

Applicants Name: \_\_\_\_\_

---

Your Name: \_\_\_\_\_

Title: \_\_\_\_\_

---

Institution: \_\_\_\_\_

Department: \_\_\_\_\_

---

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

City: \_\_\_\_\_

---

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

---

E Mail: \_\_\_\_\_

Fax:(     ) \_\_\_\_\_

---

1) Approximately how long have you known this applicant? \_\_\_\_\_ years

2) How well are you acquainted with the applicant as a person?

- Very Well       Well       Marginally

3) How well are you acquainted with the quality of his/her scholarship/work?

- Very Well       Well       Marginally

4) In what capacity have you had an opportunity to evaluate the applicant's scholarship/work?

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<input type="checkbox"/> Please rate the student by checking the appropriate areas:	Excellent	Good	Fair	Inadequate
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<input type="checkbox"/> Conceptual thinking skills				
<input type="checkbox"/> Writing skills				
<input type="checkbox"/> Creativity				
<input type="checkbox"/> Interest in research				
<input type="checkbox"/> Perseverance				
<input type="checkbox"/> Ability to work in groups				
<input type="checkbox"/> Social adaptability				
<input type="checkbox"/> If the applicant is an undergraduate student, in your view, is he/she likely to pursue graduate education? (Circle One)				<b>YES NO</b>
(Use this space if you would like to qualify any rating given in No. 9.)				
The information above is provided to the best of my knowledge and ability to determine.				
Signature:			Date:	

(PLEASE CONFINE YOUR ANSWERS TO THE SPACE PROVIDED.)

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RESPONSIBILITIES OF A MHIRT TRAINEE:  
Undergraduate, Masters or Doctoral Student

**APPLICANT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**1. Notification (Change of Address, etc.)** [Please initial here \_\_\_\_\_ ] \_\_\_\_\_

Please advise the MHIRT Program of any change of address or career decisions affecting your application/traineeship. This will facilitate our communication with you regarding program developments. You may reach Dr. Anderson Monday through Friday at (305) 348-7708 and Dr. Friedemann at (305) 826-3264. A message may be left at any time for the MHIRT Program leaders by calling (305) 348-7748, or by email ([andersok@fiu.edu](mailto:andersok@fiu.edu) or [friedemm@fiu.edu](mailto:friedemm@fiu.edu)). You will receive a response as soon as possible.

**2. Eligibility** [Please initial here \_\_\_\_\_ ]

Trainees must be undergraduate nursing or health-related sciences students, masters or doctoral students with completed initial research coursework (excluding thesis or dissertation). All student trainees must maintain a status of good academic standing with Florida International University or their home university.

All trainees must review and meet the eligibility requirements of the MHIRT Program (U.S. citizen/legal resident and underrepresented minority). The definition of citizen/legal resident for the MHIRT program is based on the following statement about citizenship in the *Instructions for Completing Form PHS 2271 (Rev. 4/98)* from the Department of Health and Human Services, Public Health Service (PHS):

“**Citizenship.** The named individual must be a citizen or non-citizen national of the United States or have been lawfully admitted for permanent residence (i.e., possess a currently valid Alien Registration Receipt Card I-551, or other legal verification of such status) at the time of appointment. Trainees must be citizens or non-citizen nationals of the United States, or have been lawfully admitted to the United States for permanent residence. who, although not a citizen of the United States, owes permanent allegiance to the United States. Non-citizen nationals are generally persons born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration for example in outlying possessions of the United States (e.g., American Samoa). Individuals on temporary or student visas are not eligible to participate in the MHIRT program.

Eligibility for participation in the MHIRT program is based on status as a member of a minority group which is underrepresented in the health research professions (i.e., **American Indian or Alaskan Native, Black, Hispanic, Pacific Islander, and Rural Appalachians**). Asian minorities will be considered on an individual basis, with relationship to minority status in South Florida.

The following statement is excerpted from the section on race/ethnicity in the *Instructions for Completing Form PHS2271 (Rev. 4/98)*:

**Definitions:**

*American Indian or Alaskan Native:* A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**Definitions (cont.)**

*Black:* A person having origins in any of the black racial groups of Africa.

*Hispanic:* A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

*Pacific Islander:* A person having origins in any of the original peoples of Hawaii, the U.S. Pacific Territories of Guam, American Samoa, and the Northern Marianas; the U.S. Trust Territory of Palau; the islands of Micronesia and Melanesia.

**3. Award Payments** [Please initial here \_\_\_\_\_ ]

Students will receive **funds for their stipend/living expenses** in installments: the first payment will be made prior to departure, and a final payment upon return and submission of all required reports. The stipend provides financial support during time spent abroad. Funding for living expenses is based on local requirements for each specific host country and is determined by the MHIRT Program in conjunction with the host site faculty mentor. A limited award is available to support **research-related expenses incurred at the host country** subject to prior approval of the MHIRT Program Director and in conjunction with the foreign host site director. **Students will create a budget with project faculty once they have been selected as a MHIRT research scholar and must submit an expense voucher with receipts upon return.**

**4. Living Quarters, Subsistence and Transportation Arrangements** [Please initial here \_\_\_\_\_ ]

Following appointment and prior to scheduled departure, trainees will be issued airline tickets by the College of Nursing and Health Studies. Ground travel (other than from Fort Lauderdale or Miami) within the U.S. is the responsibility of the trainee. **Funds for lodging will be provided through a direct deposit advance** from the MHIRT Program office and financial aid office, based on local requirements at the host site. Ground travel from host country's airport, living accommodations, and transportation from living accommodations to the site of research activities in the host country, may be arranged by the host site mentor, but are the responsibility of the trainee. (Expenses for arrival and departure ground travel between living accommodations and the host country airport are reimbursable from the MHIRT Program. With some exceptions, costs for travel from living accommodations to the research site are the responsibility of the trainee.) Dropping out of the program after selection by student decision will require return or repayment of monies already expended toward international travel and any grant related expenses for the student.

**5. Internal Revenue Service (IRS)** [Please initial here \_\_\_\_\_ ]

All recipients of Public Health Service (PHS) grant funds, whether such funds are received directly from PHS or indirectly under a sub-grant, contract, or other assistance (for example, student assistance under a training grant), are responsible for and must adhere to all applicable Federal income tax regulations. Questions concerning the applicability of such regulations to grant funds should be directed to the IRS. Additional guidance for fellows and trainees is provided in IRS Publication 520, Tax Information for American Scholars in the U.S. and Abroad, which may be obtained from the IRS.

**6. Health/ Insurance/ Fees** [Please initial here \_\_\_\_\_ ]

**Documentation of passenger travel and health insurance protection FOR THE DURATION OF THE TRAINING PERIOD is required.** It is the responsibility of the trainee to assure coverage by an insurance program that includes travel arrangement protection, medical protection, baggage protection, travel accident insurance, worldwide emergency medical assistance, medical emergency evacuation, and repatriation. The cost of travel/health insurance is reimbursable by the MHIRT program, however, insurance coverage needs to be arranged by the student with the FIU Education Abroad (EA) Office and is part of the EA fees. Students **MUST** provide proof of regular medical coverage insurance for the period of international travel prior to departure. You must purchase an International Student Identification card as well, which is also covered.

Documentation of current health status, completed immunizations, immune status, and/or recommended prophylactic therapy may be necessary based on requirements related to the research activities and the host country. Decisions regarding health care for protection of the trainee's health while abroad are a matter between the trainee and their health care provider. Information pertaining to current health risks and recommendations are available from the U.S. Centers for Disease Control ([www.cdc.gov/travel](http://www.cdc.gov/travel)). Financial costs related to health care are the responsibility of the trainee, however, some required immunizations may be reimbursed following pre-approval by the MHIRT Program Director or Coordinator. Host countries require a background check prior to departure; this can be obtained through the FIU nursing website info.

Passports are required and countries vary as to visa requirements. It is the responsibility of the trainee to obtain these documents in a timely manner. Costs for passport and visa fees may be reimbursable with prior approval from the MHIRT Program Director or Coordinator. Students should provide a copy of the passport and needed visa documents to the MHIRT office one month before travel.

**7. Responsible Conduct of Research** [Please initial here \_\_\_\_\_ ]

All participants in this program will be required to provide evidence that they have successfully passed the applied research course “Applied International Nursing Research” for graduate students and “Introduction to International Research” for undergraduate students (each 3 credits for respective student level), “Cultural Immersion for International Health Care” (1-2 credits) and participated in regularly scheduled MHIRT seminars. This preparation will be corroborated by the MHIRT faculty who oversee the preparation of the applicant for the program. Upon return from study abroad, MHIRT scholars are expected to continue their research efforts to disseminate their work from abroad and participate in the MHIRT scholar meetings as part of the program expectations.

Also, MHIRT participants must read the following reference or equivalent material: National Academy of Sciences, National Academy of Engineering, Institute of Medicine (1992) Responsible Science, Ensuring the Integrity of the Research Process, 1. Washington, DC: National Academy Press. In addition, the MHIRT scholar must provide evidence that they have viewed the on-line computer training course, “Human Participant Protections Education for Research Teams,” and successfully completed this NIH module, <http://cme.cancer.gov/clinicaltrials/learning/humanparticipant-protections.asp>. The certificate of successful completion must be submitted to the MHIRT office before travel.

**8. Preparation For Living in Another Culture** [Please initial here \_\_\_\_\_ ]

Each trainee is expected to take the preparation seminar for exchange students offered by the FIU Education Abroad Office. Some language training will be a part of trainee preparation for select countries during the Cultural Immersion course.

**9. Academic Course Work** [Please initial here \_\_\_\_\_ ]

Trainees will take the applied research course for 3 credits before they travel. In the semester spent abroad, they will register for a full-time class load of “Directed Study” with the MHIRT Advisor (12 credits for undergrads, 9 credits for masters and doctoral students; 9 for undergraduates and 6 for graduate students if traveling in the summer semester). The tuition stipend provided will be up to \$1800.00 for the semester study abroad or prorated for summer tuition. Scholarship programs for which trainees are eligible may be continued during the semester abroad in order to supplement tuition payment covered by the MHIRT Program (please check with the Financial Aid Office for your answer on how it will affect individual funding). Before and after their travel, trainees and mentors meet regularly for no-credit-earning bi-monthly/monthly research seminars. These seminars may include topics such as the practice of applied research of chronic illness, research design and methodology, informed consent, research ethics, and preparation for research work abroad. Also, these seminars include the discussion of actual research activities in the various projects in which students are involved in the U.S. and abroad. Students are expected to participate in MHIRT research activities until their graduation. Students will receive the actual grade for their semester abroad experience in the semester of their graduation or within 2 semesters.

10. **Code of Conduct** [Please initial here \_\_\_\_\_ ]

While studying abroad, students are expected to abide by the conduct code of FIU, the Education Abroad Office, the Professional Conduct Code for the College of Nursing and Health Sciences, the MHIRT program conduct rules, the policies of the host institution, and the laws of the host country. MHIRT faculty communicate regularly with international faculty mentors to facilitate smooth program operation. Failure to follow conduct rules could result in dismissal from the program and the requirement of returning all funds dispensed to the student.

11. **Work Schedule** [Please initial here \_\_\_\_\_ ]

Undergraduate and graduate trainees are expected to devote a full-time schedule (an average of 40 hours per week) for 10 to 15 weeks for work at the international research site. This may also include library work, seminars and classroom visits, and/or ancillary meetings. They may be expected to work some evenings or weekends, or attend language courses and cultural events as necessary. Local customs will be followed regarding work hours. There is no provision for over-time compensation. Travel time must be arranged with host faculty supervisor and research mentor. Personal activities and personal telephone conversations are part of work time activity.

12. **Abstracts, Evaluations, Reports and Attendance at Scientific Meetings**

[Please initial here \_\_\_\_\_ ]

Each trainee will be required to submit a **scientific abstract and report** of their research at the end of the training period abroad with faculty collaboration. Additionally, trainees are expected to submit research findings for publication with project faculty upon completion of the research study. An additional three to five page **report** should summarize their **research and cultural experiences** and include any suggestions for improving the MHIRT Program. Trainees will submit a diary of their international research training experiences as well. Evaluation questionnaires will be administered and must be returned to the program office upon return. Final payment of stipends may be withheld pending completion and submission of the above documentation to the MHIRT Program Office. Students are expected to submit abstracts to national or international scientific meetings and work on joint publications with MHIRT faculty.

13. **Follow-Up** [Please initial here \_\_\_\_\_ ]

We will maintain contact with all trainees for a minimum period of five years to determine to what extent this program has contributed to their career development (NIH mandate). Periodic requests for information will be forwarded to their permanent address. Therefore, trainees are required to keep the MHIRT Program Office staff aware of any changes in permanent mailing addresses. Trainee responses are used to evaluate and improve the program. We appreciate in advance your cooperation in these follow-up activities.

I, \_\_\_\_\_, **have reviewed the above responsibilities (#1 through #13) as a trainee of the MHIRT Program. Understanding these responsibilities and requirements, I agree to participate as a trainee in the MHIRT Program.**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Month, Day, Year)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

**\*\*Note: Please keep a copy for your records and forward original with your other application**

**materials to: Florida International University  
College of Nursing and Health Sciences, HLSII 458A**

**Attn: Dr. Kathy Anderson  
11200 S.W. 8<sup>th</sup> Street  
Miami, Florida 33199  
(305) 348 -7708 - (305) 348-7765 FAX  
Email: [andersok@fiu.edu](mailto:andersok@fiu.edu)**