

**Oregon Health and Science University**

**School of Nursing**

**APPLICATION FOR VISITING SCHOLARS - FACULTY**

Thank you for your interest in the Oregon Health & Science University School of Nursing! To be a visiting scholar, you must complete this application form and provide the information requested. The information will be used to determine the resources to make your experience as a visiting scholar meaningful. This information is required **prior** to determining whether your request can be accommodated. [Direct patient care provision or observation is not a part of the role of a visiting scholar.]

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

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

**Country of Citizenship:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Completed Degrees:** \_\_\_\_\_

**Phone Numbers: (include country and city codes)**

\_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**Proposed Dates of Visit:** \_\_\_\_\_

**Name, address, phone, and e-mail address of an emergency contact.**

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**Please address the following on a separate attached paper:**

1. List your goals and objectives for study at the OHSU School of Nursing. Include specific topics you are interested in learning about during your visit.
2. Faculty who are applying for a visit longer than two weeks and for whom English are required to submit scores from the Test of English as a Foreign Language (TOEFL).
3. All international visitors are required to have proof of health coverage while in the U.S. If you are not a United States citizen, please indicate your insurance carrier.
4. Attach a copy of your curriculum vitae.