

**Oregon Health and Science University**

**School of Nursing**

**APPLICATION FOR VISITING SCHOLARS - STUDENTS AND PRACTITIONERS**

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 practitioner 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 practitioner 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 your visit to the OHSU School of Nursing. Include specific areas you are interested in learning about or observing during your visit.
2. Those applying for a visit longer than two weeks and for whom English is a second language 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 in the U.S.
4. Please attach a copy of your curriculum vitae.