

**Oregon Health and Science University**

**School of Nursing**

**APPLICATION FOR VISITING SCHOLARS - FACULTY GROUP**

Thank you for your interest in the Oregon Health & Science University School of Nursing! To be visiting scholars, 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 visiting scholars meaningful. This information is required **prior** to determining whether your request can be accommodated. [Direct patient care provision is not a part of the role of a visiting scholar.]

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

**Organizer's Name:** \_\_\_\_\_

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

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

**Organizer's Phone Number: (include country and city codes)**  
\_\_\_\_\_

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

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

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

**Indicate who will arrange for all VISAs:** \_\_\_\_\_

**Name, address, phone, and e-mail address of an emergency contact in organizer's country.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. List your specific goals and objectives for study/observation at the OHSU School of Nursing. Include specifically what you want to do during your visit, who you want to meet with or observe (students, faculty, community, simulations), and the expectations you have of this experience.
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 in the U.S.
4. Names of all potential visitors with emails, passport numbers, educational credentials, copy of curriculum vitae, university/affiliation, and city of residence.