



## ***Program Logistics for Faculty Led Programs Abroad (FLPA)***

Name of Program: \_\_\_\_\_

Faculty Program Director: \_\_\_\_\_

Dates of Program From: \_\_\_\_\_ To: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Name of Preferred Travel Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In Country Contact(s): \_\_\_\_\_

Faculty Contact Info While Abroad:

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Preferred Site Information (hotel): Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_ Fax: \_\_\_\_\_

U.S. Embassy/ Consulate: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

After Hours Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_



**CISP**

Center for  
International  
Services and  
Programs

Local Police: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Local Fire: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

HEALTH CARE: Is cash needed to access medical care?  Yes or  No

Are credit cards accepted?  Yes or  No

Is U.S. health insurance accepted?  Yes or  No

Types of Inoculations Required: \_\_\_\_\_

\_\_\_\_\_

Recommended: \_\_\_\_\_

Nearest Hospital: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

English Speaking Physician: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_



English Speaking Dentist: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Psychological Services available in English: \_\_\_\_\_

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

\_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List any safety issues that could impact a traveler:

- 1.
- 2.
- 3.

TRAVEL ISSUES: Modes of in country transportation which will be used as a part of Program

(Please list all types and provider names and if insurance is verifiable):

- 1.
- 2.
- 3.
- 4.