



CISP

Center for
International
Services and
Programs

Risk Management Plan for Faculty Led Programs Abroad (FLPA)

Name of Program: _____

Faculty Program Director: _____

Dates of Program From: _____ To: _____

Location of Program: _____

Name of Travel Agent: _____

Phone: _____

Emergency Phone: _____ Email: _____

In Country Contact: _____

Faculty Program Director Contact Info While Abroad:

Phone: _____ Cell phone: _____

E-mail: _____

Site Information (hotel): Name: _____

Address: _____

Phone: _____ E-Mail: _____

Website: _____ Fax: _____

U.S. Embassy/ Consulate: _____

Address: _____

Phone: _____

After Hours Phone: _____

Email: _____ Fax: _____



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 is 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.

Submit completed form to CISIP