Cleveland State University
Center for International Services and Programs engagedlearning™

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 MC 106