



ISTH REACH THE WORLD EDUCATION PROGRAM

Visiting Professor Program in underprivileged countries

The program is targeted to Thrombosis and Hemostasis Centers in underprivileged countries. The principles of the program are the following:

1. There should be a joint application by the Director of a host center and visiting Professor, or only by the host center. In the latter case the ISTH-Council Educational Committee can assist in suggesting a Visiting Professor
2. Duration should be from 4 to 7 days
3. The Visiting Professor will give an intensive course on a selected issue, or a series of lectures on selected topics (both, 10 – 14 hours). A detailed program should be included.
4. Grand rounds or all-Faculty plenary lecture will be part of the program
5. If appropriate, there will be scheduled meetings of the Visiting Professor with each research fellow for review of their data. These meetings should form the basis for future interactions with the Visiting Professor.
6. Discussion of laboratory methods will be organized if applicable
7. If possible, meetings with Dean, Director of Medical Center and Health officials will be arranged
8. Business class airfare, accommodation and living expenses will be covered by ISTH. All other expenses, such as local transportation, will be covered by the host center.
9. The visit should be widely advertised and invitations to attend the lectures should be distributed throughout the host center and region. On all documents it should be mentioned that this is an ISTH sponsored Visiting Professor program.
10. Following the visit, the Visiting Professor and the Director of the host center will each write a one page report and send it to the Education Committee of the ISTH Council.
11. Applications will be evaluated by a sub-committee appointed by the ISTH Education Committee.

Submit completed applications to ISTH headquarters by email (headquarters@isth.org) or fax (+1 919 929 3935).



ISTH – REACH THE WORLD EDUCATION

VISITING PROFESSOR PROGRAM

APPLICATION FORM

(Please type in English)

HOST:

HOST INSTITUTE/DEPARTMENT _____

SURNAME OF HEAD _____

FIRST NAME OF HEAD _____

ADDRESS _____

CITY _____ COUNTRY _____

POSTAL CODE _____

TEL _____ FAX _____

Please give numbers necessary for calling or faxing from abroad (+ country code, city, etc.)

E-MAIL _____

SIGNATURE _____ **DATE** _____

VISITING PROFESSOR:

SURNAME: _____
(last name) (Please type)

FIRST NAME: _____

DATE OF BIRTH: _____ SEX: _____

CITIZENSHIP: _____ PASSPORT NO.: _____

WORK ADDRESS: _____ PERMANENT/HOME ADDRESS: _____

City _____

Postal code _____

Country _____

Work phone no.: _____ Home phone no.: _____

_____ - _____ - _____

Work fax no.: _____ E-mail: _____

_____ - _____ - _____

Please give numbers necessary for calling from abroad

SIGNATURE _____ **DATE** _____

Please attach:

1. A letter from the Director of the Host Center that should include:
 - a. Brief description of host center and the activities of the staff
 - b. Objective of the visit
 - c. Detailed tentative program for the Visiting Professor
 - d. Preferred dates of visit
 - e. Acceptance of the ISTH Principles of the program (enclosed)
2. A letter from the Visiting Professor that should include:
 - a. Acceptance of the ISTH principles of the program (enclosed)
 - b. Description of the potential contribution of the visit
 - c. Approval of the detailed program prepared by the Director of the host center