

LSUHSC New Orleans
International Educational Experience
On-Site Preceptor/Mentor Facilities Checklist

Name of IEE Participant(s): _____

Site Name: _____

City, Country: _____

Location: _____

Dates of On-Site Visit: Start _____

End _____

Accommodation Details (Please check appropriate response) Do On-site facilities include:

- | | | |
|--------------------------------|-----|----|
| 1. Electricity | Yes | No |
| 2. Running water | Yes | No |
| 3. Bathing facilities | Yes | No |
| 4. Bathroom facilities | Yes | No |
| 5. On-site security | Yes | No |
| 6. Food services onsite | Yes | No |

Are living quarters and educational activity location(s) the same? Yes No*

*If no, do both locations have comparable amenities? Yes No**

**If no, please describe what differences exist between locations:

Please include any other details that may be helpful in evaluating conditions at the site(s):

**Please provide supporting photographs of the facilities as available.*

Secure local transportation services are provided by Preceptor/Site: Yes No***

***If No, provide information for safe local transport: _____

Local **non-emergency** medical services are available at the following location(s): _____

I confirm the above information regarding On-Site Accommodations/Local Services is accurate.

Name of On-Site Preceptor/Mentor

Signature

Date