MLA/ICS International Visiting Health Information Professionals Program

The MLA/ICS International Visiting Health Information Professionals Program (International VIP) is a partnership between the Medical Library Association (MLA) and medical library associations that have a bilateral agreement with the MLA. This project exists to enable medical librarians and their institutions to provide the best information and services possible to medical professionals and health consumers globally. Visiting libraries in other countries allows medical librarians to see first-hand how libraries serve patrons academically and at point of need. By facilitating an international visiting program, the MLA hopes to foster international cooperation, communication, awareness, exchange of ideas, and professional excellence.

Hosting institutions benefit from the International VIP by learning from their visiting medical librarian’s professional background, experiences, and skills. Collaboration between the visiting librarian and hosting institution allows for exchange of innovative ideas, practices, technologies, and projects. Hosting institutions are a part of the interview process to make sure that the visiting librarians will match the needs of their hosts. Individuals, upon return to their home institutions, will be able to better understand the learning environment from which international medical students and doctors come. This will facilitate better communication and understanding of international students’ needs during their cultural and professional transition.

Individual participants benefit from experiencing medical librarianship from a different cultural perspective. Contributing to and learning from international colleagues allows individuals to forge lifelong partnerships with professionals from a different perspective. Not only will individuals be able to enhance standards of the profession globally, they will personally improve their skills in information, communication, flexibility, and creativity. Individuals will learn new ideas, practices, and approaches in medical librarianship that they can apply in their home institution and career.

Individuals who participate in this program are responsible for their own financial support. There is no obligation for the institution to the visiting librarian, other than providing the librarian with workspace to carry out projects. It is strongly recommended that the institution provides general information on accommodation and living options.

MLA, through the International Cooperation Section (ICS), provides consultation to individuals upon accepting the International VIP opportunity. Upon completion of the International VIP, the hosting institution and visiting librarian will complete a brief survey to evaluate the experience.

SELECTION PROCESS

- Individual and host institution applications will be considered by the MLA/ICS International VIP Task Force on the first of January, April, July, and October. Applicants should submit their applications two weeks before the date by which they wish to be considered.
- Placement announcements are made four weeks after each consideration date.
- Approval is determined by the selection criteria.
- A list of approved institutions will be sent to partner library associations quarterly, so that individuals can express interest in visiting these host institutions. Host institutions are selected to join the International VIP by the Task Force.
- The Task Force will match selected individuals and host institutions based on their respective applications. Individual and host institution may participate in the matching, including direct communication between individual and host institution.
- The Task Force will inform the individual and the institution about their match and provide both parties with guidelines.
MLA/ICS International Visiting Health Information Professionals
Individual Application Form

ELIGIBILITY

- The international applicant is not an employee of the hosting institution.
- The applicant must be a member of an association that has a bilateral agreement with MLA.
- The applicant must be working or preparing to work in a health science library in his or her own country.
- The applicant must verify that he/she can provide his/her own financial support that includes, but is not limited to travel, visa, housing, and medical support.
- A U.S. applicant must be an MLA member from an institution willing to sponsor the exchange.

SELECTION CRITERIA

- Individuals will be selected and matched with carefully selected host institutions based on the application form.

SUBMISSION CHECKLIST

Prospective applicants need to provide the following along with the application:

- A letter from the Dean, President, Executive Vice President or other administrator stating that the institution is willing to support the applicant’s exchange. Please include preferred duration of exchange and preferred time of year.
- A current CV with verification of MLA membership.

PART 1: APPLICANT INFORMATION

Name (Last, First, Middle): ________________________________________________________________

Job title: ____________________________________________________________________________

Institution/library: _____________________________________________________________________

Address: ______________________________________________________________________________

City: ______________________ State/Province: __________ Zip/Postal: __________________________

Telephone: ________________________________ ___ Work ___ Cell ___ Home

Email address: __________________________________________________________________________

MLA ID#: __________________
**PART 2: LANGUAGE SKILLS**
List below your level of competency on a scale of 1 (beginner) to 5 (expert) (add rows as needed):

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**PART 3: DESCRIPTION OF INTEREST IN THE PROGRAM**
Please attach a description of your interest in the program and aptitude for the exchange. Please answer the following questions in the description:

1. How have previous experiences prepared you for this opportunity?
2. How will you benefit professionally and personally from this exchange?
3. How will your colleagues and institution benefit from this exchange?
4. What are specific learning objectives and/or outcomes that you are planning on achieving? Please give examples.
5. Describe interactions and personal experiences that you’ve had in a setting culturally different from your own. How did you respond?
6. What challenges have you encountered in cross-cultural situations? How did you overcome those difficulties? What sorts of cross-cultural adaptation strategies have you employed in specific situations?
7. What experiences have you had where you were the minority?

**PART 4: CONDITIONS OF APPLICATION AND PARTICIPATION**
I confirm that the information supplied on this application is true and correct to the best of my knowledge and I understand that misrepresentation may cause denial or withdrawal of the job exchange opportunity.

I understand that there is no financial obligation from the institution to me as the visiting librarian, other than providing workspace to carry out projects, and that I am not expected to fund projects in any way.

I know that there are various risks associated with travel and living abroad. I also know that I should not travel or live abroad unless I am in good health and properly informed with respect to such activities. Therefore, I assume all risks associated with participation in the job exchange program, including but not limited to the risks of personal injury, sickness, and the loss or destruction of property; all these risks being known and appreciated by me. Knowing these facts, I waive and release the Medical Library Association, its directors, officers, employees, agents, representatives, and successors, from any and all claims or liabilities of any kind that may arise if I accept.

Applicant’s Signature: ___________________________  Date: _______________
ELIGIBILITY

- Host institution is a library or information center in an academic health sciences center, hospital, or other health-related organization.
- Host institution has a preceptor that will be the main contact person and host and manager for the program.

SELECTION CRITERIA

- Host institutions will be selected and matched with carefully selected individuals based on the completion of the host institution application.

SUBMISSION CHECKLIST

Prospective host institutions need to provide the following along with the application:

- A letter from the Dean, President, Executive Vice President or other administrator stating that the institution is willing to host the visiting professional member of a partner medical library association.
- A description of the institution, its project goals, areas of interest and need, and expectation of the visiting librarian (see below).

PART 1: APPLICANT INFORMATION

Institution Name: ________________________________________________________________

Address: ______________________________________________________________________

City: __________________ State/Province: _____________ Zip/Postal: __________________

Telephone: ________________________________

Email address: __________________________________________________________________

Website: __________________________

PART 2: STATEMENT OF INTEREST (200-300 WORDS)
PART 3: POTENTIAL PROJECT AREAS (200-300 WORDS)
These may include, but are not limited to: bioinformatics and/or translational sciences; clinical librarianship and/or clinical informatics; outreach to underserved or previously unreached populations; management and curation of e-only health sciences collections; digitization; data curation; specialized library experience (veterinary, public health, sciences, etc.); and instruction and instructional design.

Signature or (if submitting electronically) name of administrator: __________________________ Date: ____________
PART 4: PRECEPTOR INFORMATION

Name: _________________________________________________________

Job Title: _____________________________________________________________________________

Telephone: ________________________________                      ___ Work ___ Cell ___ Home

Email address: __________________________________________________________________________

Preceptor Biography:

Expected Duties of Visiting Librarian:

Signature or (if submitting electronically) name of preceptor: ___________________ Date: ____________
PART 5: HOSTING PREFERENCES

Number of Librarians willing to host: ____________________________________________

Time of Year Preference: ________________________________________________________

Duration of Hosting Preference: ________________________________________________

Description of housing and accommodation options:

Signature or (if submitting electronically) name of preceptor: ________________________ Date: __________