



Program Leader Condition of Participation Form

Faculty leading a study abroad program must be willing to do the following:

- Attend scheduled faculty orientation.
- Develop working knowledge of study abroad health and crisis plan.
- Develop working knowledge of CNM’s sexual harassment policies.
- Take appropriate action when a participant violates code of conduct.
- When risks arise, initiate risk management plan as appropriate while providing leadership, making decisions, clarifying risks to students.
- Ensure appropriate documentation of academic issues, student illness or injury, code of conduct violations, and steps taken in response to any and all emergencies or risks.
- Promptly alert the GEO of any concerns while abroad via phone or email.
- Assign and post academic grades, assess learning outcomes, and participate in program evaluation.

Please print out a copy this form for each Program Leader. Return the signed forms to the Global Education Office.

I, the undersigned, am a faculty or staff member at Central New Mexico Community College (CNM).

Full Name as it Appears on Passport:

CNM School or Department:

Study Abroad Program Title:

Program Locations:

Program Dates:

I hereby agree and represent that:

I am not required to participate in this program as part of my employment contract. I have requested to teach or direct this program.

I understand that arrangements for obtaining a passport, visa and any other necessary travel documents are my sole and complete responsibility.

I acknowledge that CNM reserves the right to cancel the program without penalty or to make any modifications in the itinerary and/or academic program as deemed necessary by CNM in case of emergency situations, or if the trip includes a country or region that is or becomes the subject of a *U.S. State Department Travel Warning*, or similar guidance from the *U.S. Centers for Disease Control and Prevention*.

I am aware of all my personal medical needs, and I state that there are no health-related reasons or problems which preclude or restrict my participation in this program. I will obtain, at an appropriate time prior to my departure, the necessary immunizations, if any, and any medications I may need.

I acknowledge that I am covered by Workers’ Compensation while I am participating in this program as an employee of CNM. I agree to obtain any other supplementary insurance coverage that I may need, such as medical evacuation and repatriation of remains for myself, and adequate insurance for any dependents that accompany me.

As a traveler to foreign countries, I recognize that there are certain risks and hazards that may arise in the course of this trip, possibly in remote locations, including illness or accidents. I do expressly assume all of these risks, and hereby expressly agree that any claim I may have now or in the future against CNM, its officers, employees, or agents, whether in contract or in tort arising out of the participation in this program, wherever such claim arises shall be governed by the law of the State of New Mexico, including the New Mexico Tort Claims Act, Section 41-4-1 et seq., NMSA 1978, as amended. The New Mexico Tort Claims Act makes state government and public employees (including CNM and its employees) liable for injuries only in certain kinds of cases specifically listed in the Act and imposes limits on the amount of money that can be recovered. Thus, I understand that the New Mexico Tort Claims Act imposes limitations and restrictions upon civil lawsuits against CNM and its employees.

I acknowledge that my role as a faculty member in this program includes due diligence regarding the health and safety of the participants in this program. I acknowledge reviewing health and safety guidelines, including the United States Department of State Travel Advisories and Center for Disease Control bulletins, if available, for this program site. I have read and understand all of this information.

I acknowledge that I am responsible for providing all participants of this program with a thorough pre-departure orientation, including but not limited to information about health and safety, student conduct, cultural adjustment, emergency procedures, and local customs and standards of conduct.

I acknowledge that I am responsible for providing the Global Education Office with the following documents prior to departure.

- A completed emergency contact form for myself
- A final participant list
- A tentative travel itinerary including, when possible, emergency telephone numbers where I can be reached while outside the United States

I understand that as a guest in a foreign country I am subject to the laws and standards of acceptable conduct of that country. I will abide by all laws and standards for each country to or through which I travel during the program. I understand that CNM is not responsible for providing any assistance with any legal problems I may encounter with foreign nationals or governments.

I acknowledge that the CNM Faculty Handbook applies to my participation in this program and that my own personal conduct and behavior towards and with the participants in this program must be professional and conforming to the highest ethical standards. Any unacceptable behavior on my part may lead CNM to impose disciplinary measures.

I acknowledge that I am responsible for taking appropriate steps to address any student complaint of sexual harassment or discrimination.

Printed Name

Signature

Date