



THE UNIVERSITY OF BRITISH COLUMBIA
FACULTY OF MEDICINE - APPLICATION FOR MD UNDERGRADUATE CLINICAL CLERKSHIP ELECTIVE
 (PLEASE SUBMIT ONE APPLICATION FORM AND FEE FOR EACH INDIVIDUAL ELECTIVE BLOCK APPLIED FOR)

SURNAME: _____ GIVEN NAME: _____ GENDER: M / F

MEDICAL SCHOOL: _____ EMAIL: _____

ADDRESS: _____ CONTACT NO while in BC: _____

Please also complete above information on page 2

SECTION A. ELECTIVE CHOICES IN ORDER OF PREFERENCE		
Note: Electives Offered through UBC are found at www.med.ubc.ca/electives; only electives listed on this site will be considered		
DEPARTMENT(s) / ELECTIVE NAME	LOCATION: HOSPITAL/CLINIC/CITY	UBC USE ONLY
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>
6.		<input type="checkbox"/>
7.		<input type="checkbox"/>
8.		<input type="checkbox"/>

(Electives are 2 OR 4 weeks only; rotations start on Mondays/end on Fridays)

PLEASE CIRCLE ONE:

(M/D/Y) START DATE: _____ END DATE: _____ 2 WEEK / 4 WEEK

UBC MD UNDERGRAD ELECTIVES OFFICE USE ONLY	
Confirmed Hospital/Site: _____	Department: _____
Start Date: _____	End Date: _____

SECTION B. MALPRACTICE INSURANCE	
<i>Students attending a Canadian medical school</i>	<i>Students attending an International medical school</i>
<input type="checkbox"/> I am covered for malpractice insurance by my medical school.	<input type="checkbox"/> I have enclosed proof of malpractice insurance coverage while in British Columbia. (Proof is mandatory at time of application.) <input type="checkbox"/> I am NOT covered for malpractice insurance during my elective in British Columbia. Please provide me with coverage. (Additional \$150 CAD is required)

SECTION C. EDUCATIONAL/TEMPORARY LICENSE REGISTRATION	
Have you received temporary licensing through the College of Physicians and Surgeons of BC within the last two calendar years?	
No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, for which dates: _____	
Have you applied for an elective with UBC this academic year?	
If yes, for which dates: _____	
Did you complete this elective? No <input type="checkbox"/> Yes <input type="checkbox"/>	

UBC MD UNDERGRAD ELECTIVES OFFICE USE ONLY	
APPLICATION RECEIVED	CONFIRMATION SENT TO STUDENT

MAIL APPLICATION TO: UBC FACULTY OF MEDICINE, UNDERGRADUATE EDUCATION DEAN'S OFFICE, VISITING ELECTIVES - 11TH FLOOR
 GORDON & LESLIE DIAMOND HEALTH CARE CENTRE 2775 LAUREL ST. VANCOUVER, BC V5Z 1M9



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SECTION D. TO BE COMPLETED BY THE DEAN OF THE APPLICANT'S MEDICAL SCHOOL (OR HIS/HER DESIGNATE)

The above named medical student will be in their final year or will have successfully completed their penultimate year **at the time of** the proposed elective.
 YES NO **Date of Graduation:** _____

He/she is in good standing at this institution. Malpractice does / does not cover the student whilst away from our school. Personal health coverage is / is not in effect whilst away from our school.

Assessment of applicant's character and conduct: _____

Assessment of academic ability: below average average above average
 Assessment of clinical ability: below average average above average

COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA TEMPORARY REGISTRATION
 The Medical Act of British Columbia has been modified so that senior clinical clerks may be entered on the Temporary Register of the College of Physicians and Surgeons of British Columbia. This will place them in a similar category with other members of the House Staff, subject to Provincial and Federal Statutes. This cannot be done without the concurrence of the dean of the medical school from which the student is graduating. It would be appreciated, therefore, if you would mark below where appropriate. I agree / I do not agree that the above named student shall be entered on the Temporary Register of the College of Physicians and Surgeons of British Columbia.

Medical School: _____

Signature of Dean or designate: _____ Date: _____

SECTION E. CORE ROTATIONS

An applicant must have **successfully completed a core rotation in the specialty/discipline(s)** for which he/she is requesting

STUDENT HAS COMPLETED / IS SCHEDULED TO COMPLETE THE FOLLOWING CLERKSHIP ROTATIONS

ROTATION	COMPLETED	SCHEDULED (provide dates)	ROTATION	COMPLETED	SCHEDULED (provide dates)
ANESTHESIA			ORTHOPEDECS		
DERMATOLOGY			PEDIATRICS		
INTERNAL MEDICINE			PSYCHIATRY		
OBSTETRICS/GYN			SURGERY		
FAMILY MEDICINE			OTHER		

Note that the following departments are exceptions: Ophthalmology, Pathology, Radiology, Urology, Emergency, Orthopeadics & Medical Genetics

SECTION F. TO BE SIGNED BY THE APPLICANT

If appointed I hereby agree and pledge myself to comply faithfully with the By-laws, Rules and Regulations of the Hospital now in effect and those which may be adopted during my term of office. I also understand that no remuneration from the Hospital or University will be available. I am aware that I am responsible for my accommodation. **By submitting this application I understand that my elective placement is not guaranteed, but is based on space availability.** I have read and agree to the clinical clerkship policies as set out on UBC Faculty of Medicine website.

Applicant's Signature: _____ Date: _____

Student Notes
