



**MAIL TO:**

Gordon & Leslie Diamond Health Care Centre  
 UBC MD UG Education: VISITING STUDENT ELECTIVE PROGRAM  
 2775 Laurel St. Vancouver BC V5Z 1M9  
 Ph: 604-875-4500 Fax: 604-875-5611  
[www.med.ubc.ca/electives](http://www.med.ubc.ca/electives) [elective@exchange.ubc.ca](mailto:elective@exchange.ubc.ca)

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ GENDER: **M / F**

MEDICAL SCHOOL: \_\_\_\_\_ ENROLLED in **PENULTIMATE / FINAL** year at the time of the elective? (circle one)

EMAIL: \_\_\_\_\_ CURRENT PHONE No: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT PHONE while in BC: \_\_\_\_\_

SECTION A.		ELECTIVE CHOICES IN ORDER OF PREFERENCE	
Note: Only electives listed on the website catalogue will be considered			
ELECTIVE NAME OR DISCIPLINE / CITY / HOSPITAL			
1.		9.	
2.		10.	
3.		11.	
4.		12.	
5.		13.	
6.		14.	
7.		15.	
8.		16.	

Electives = 2 **OR** 4 weeks only. Check catalogue for which electives are offered for 2/4 wks

(M/D/Y) START DATE (Mon): \_\_\_\_\_ END DATE (Fri): \_\_\_\_\_ CIRCLE ONE 2 / 4 WK

**ELECTIVES OFFICE USE ONLY** **CONFIRMED:** **DATES:**

SECTION B.		CORE ROTATIONS			
Applicants must have <b>successfully completed a core rotation in the specialty/discipline(s)</b> 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			ORTHOPEDICS		
DERMATOLOGY			PEDIATRICS		
INTERNAL MEDICINE			PSYCHIATRY		
OBSTETRICS/GYN			SURGERY		
FAMILY MEDICINE			OTHER		

Departments that do not require completion of core: Community MD, ER, MD Genetics, Ophtho, Ortho, Path, RD & UR.  
 Note: Electives are designed for senior students. Though core may not be mandatory, some clinical experience is compulsory.

STUDENTS MAY USE FOR ANY EXPLANATORY NOTES:



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**MEDICAL SCHOOL:** \_\_\_\_\_ **ENROLLED in PENULTIMATE / FINAL year at the time of the elective? (circle one)**

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**SECTION C. IMMUNIZATIONS**

Proof of immunizations is not required, however, students are expected to meet and be up to date with their schools/provincial immunization requirements.

Students are encouraged to obtain personal health and travel insurance

**SECTION D. TO BE COMPLETED BY THE DEAN/DESIGNATE OF APPLICANT'S MEDICAL SCHOOL**

Students in Canadian Medical Schools are required to be in their penultimate or final year **at the time of** the requested elective.

**The above named student will be in their \_\_\_\_\_ year of a \_\_\_\_\_ year program at the time of** the requested elective.

Malpractice does / does not cover the student whilst away from our school.

**Will the student have completed the listed clerkship (core/elective) rotations prior to completing electives at UBC? \_\_\_\_\_**

**The above named student is in good standing at this institution? \_\_\_\_\_**

**The student is authorized to complete this elective? \_\_\_\_\_**

**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/Designate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Faculty Representative:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Administrative Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**SECTION E. 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:** \_\_\_\_\_

**Note: Should an elective need to be cancelled, the Electives Office must receive written notice no later than six weeks prior to the elective start date. A letter denoting unprofessional behavior may otherwise be sent to your school.**