



Undergraduate Medical Education  
 The Health Sciences Centre, H2743  
 St. John's NL Canada A1B 3V6  
 Tel: 1-709-864-8463 Fax: 1-709-864-6362  
 ugme@med.mun.ca www.med.mun.ca

**Clerkship Global Health Elective/Selective Application**  
 Faculty of Medicine  
 Memorial University of Newfoundland

**Part A (to be completed by the student)**

Name \_\_\_\_\_ MUN e-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Anticipated graduation year: \_\_\_\_\_

Elective/Selective (circle one) in the Discipline of: \_\_\_\_\_

Location of Elective/Selective Placement \_\_\_\_\_ Urban or Rural<sup>1</sup> \_\_\_\_\_

Name of Hospital/University \_\_\_\_\_

Address of Hospital/University \_\_\_\_\_

**Contact and Supervision:**

Name of contact person at site: \_\_\_\_\_

Email or Telephone (including country and area codes): \_\_\_\_\_

Name of Placement Supervisor (Preceptor) if known (may be the same as contact person):

\_\_\_\_\_ Email: \_\_\_\_\_

Telephone (including country and area codes): \_\_\_\_\_

Placement Supervisor's medical discipline: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Total No. of Weeks \_\_\_\_\_  
 Year/Month/Day Year/Month/Day

<sup>1</sup> See the Memorial University of Newfoundland Faculty of Medicine guidelines on what constitutes a rural community for purposes of medical education objectives:

<http://www.med.mun.ca/UGradME/Curriculum/Clerkship/Overview/Rural-Selective.aspx>

**Contact information at placement**

Emergency contact person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

**Contact information in Canada**

Emergency contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

**Accommodation/Housing**

Describe arrangements that have been made for housing/accommodations? \_\_\_\_\_

\_\_\_\_\_

Where are accommodations located relative to electives/selectives site? \_\_\_\_\_

\_\_\_\_\_

**Objectives**

**Training site description/context:** (Describe briefly the training site, project and institution including types of services offered and patients seen at the elective/selective site.)

**Educational objectives:** (Describe how this international site will contribute to the achievement of educational goals)

**Personal objectives:** (Include the insights that student hopes to gain from choosing an international elective/selective)

Attach a brief overview (500 words) summary about the country to be visited. Include information on key factors such as geography, the political system, climate, language, religion, local customs, healthcare system, economy.

**Conditions**

Upon arrival at the international site, the student **must send a confirmation email/message** to the Global Health Coordinator ([jill.allison@med.mun.ca](mailto:jill.allison@med.mun.ca)) or (011) 709 864 6032 and provide updated contact information.

Upon arrival at the international site, the student must discuss with the supervisor/preceptor, the process for final assessment of student performance. (Where One45 is not accessible, student must provide a paper copy of assessment form to the supervisor/preceptor).

The above named student agrees to the terms and conditions described on this form and further agrees to discuss his/her educational objectives with the supervisor/preceptor.

The student's signature indicates that the information provided on this form is complete and accurate to the best of his/her knowledge and ability.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date (year/month/day)

**Part B**  
**Approval by the Global Health Office**

\_\_\_\_\_  
Global Health Coordinator (Signature)

\_\_\_\_\_  
Date (year/month/day)

**Part C**  
**Approved by Undergraduate Medical Education Office:**

\_\_\_\_\_  
Electives/Selectives Coordinator (Signature)

\_\_\_\_\_  
Date (year/month/day)

**The student must immediately notify the supervisor/preceptor and the UGME Office of any changes to the above plan. The supervisor's/preceptor's assessment and student's evaluation of the elective/selective must be returned to the UGME Office within two weeks of the completion of the elective/selective.**

**Part D.**

**To be completed by the Supervisor/Preceptor of the Elective/Selective:**

Electives/selectives are required in the student's medical school curriculum. In agreeing to supervise this student, you are also agreeing to **assess the student** on a form that will be provided by the student. Please discuss the completed assessment with the student at the end of the elective/selective. If you have access to the web form you may submit it electronically, otherwise return the form provided by the student to the address below.

I agree to supervise and assess this student for the above-described elective/selective.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (year/month/day)

Please return to: Undergraduate Medical Education Office  
Faculty of Medicine, Room M2M101  
300 Prince Philip Drive  
Memorial University of Newfoundland  
St. John's NL, Canada A1B 3V6  
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