

Application for Approval of Appointment of International Postgraduate Trainee (Elective)

Use this form if you are currently in a postgraduate training program outside of Canada or the United States and wish to acquire additional postgraduate training in a UBC sponsored postgraduate training program and will be registered in the College of Physicians and Surgeons of British Columbia (“CPSBC”) educational license – Postgraduate (Trainee) class as described in CPSBC bylaw 2-27.

Do NOT use this form if you seek appointment as a Postgraduate Fellow.

Basic Information			
Last Name:		First Name:	
Name (if different on medical degree):			M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth (m/d/yy):		Country of Birth:	
Citizenship:			
Permanent Resident (Landed) <input type="checkbox"/> Work Permit <input type="checkbox"/>			
Address:			
City/Province:		Postal Code:	
Cell Phone:		Email:	

Medical Degree Information			
University/College Name:			
Medical Degree:			
Date:		Country:	

Medical Council of Canada Examinations			
MCCEE:		Date:	
MCCQE Part I:		Date:	
LMCC#:		Date:	

Summary of Postgraduate Training Program to Date	
Country or Home Jurisdiction of Current Postgraduate Training:	
Discipline-specific Specialty/Practice of Current Postgraduate Training:	
Current Year of Postgraduate Training (PGY or Other):	
Anticipated Award of Specialty Certification by Home Jurisdiction: (e.g. UK–CCST; American Board of Specialty Certification; other)	

Program Information

In what specialty or subspecialty will the trainee be training?	
Training site(s) during appointment:	
Purpose of training:	
What specific knowledge and/or skills are being sought?	
What is the anticipated length of training?	
Start Date (m/d/yy):	End Date (m/d/yy):
Have you previously been registered and licensed by the College of Physicians and Surgeons of British Columbia? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____	

Source of Funding for Appointment

- Ministry of Health - Alternative Payments Section \$ _____
- Ministry of Health - Mental Health Division \$ _____
- Hospital Operating Budget (account code:) \$ _____
- Hospital Department (account code:) \$ _____
- Hospital Foundation \$ _____
- Vancouver Health Department \$ _____
- Military Funding \$ _____
- Country as Sponsor \$ _____
- Societies or Organizations \$ _____
- Charities or Religious Organizations \$ _____
- Grant Funded Fellowships \$ _____
- Self-Funded \$ _____
- Other (please indicate) _____ \$ _____

Please append a current curriculum vitae outlining current postgraduate training

Signature Page

It is acknowledged that:

1. The training time and experience acquired in this appointment will not be used towards establishing eligibility for Canadian licensure, certification by the College of Family Physicians of Canada, or specialty or subspecialty certification by the Royal College of Physicians and Surgeons of Canada.
2. The time spent and medical services rendered by the individual in this appointment are for the purpose of physician training and will not be used to establish a need for the services of this physician in British Columbia.
3. The applicant must have the appropriate educational license granted by the CPSBC. It is the applicant's responsibility to meet the criteria established by the CPSBC for licensure. The English language proficiency requirements as set out by the College of Physicians and Surgeons of British Columbia must be met.
4. The Postgraduate Trainee's home jurisdiction will recommend the duration of the postgraduate training experience of each trainee, subject to approval by the Associate or Assistant Dean, Office of Postgraduate Medical Education, UBC Faculty of Medicine.

Signature of Postgraduate (Trainee):	Date:	
	Print:	
Signature of Division Head or Supervisor (optional):	Date:	
	Print:	
Signature of UBC Department Head:	Date:	
	Print:	
Signature of Vice President, Medicine:	Date:	
	Print:	
Signature of Associate/Assistant Dean, UBC Postgraduate Medical Education:	Date:	
	Print:	