



Application for Postgraduate Resident Elective

Please complete and submit to the Postgraduate Deans' Office by email: pgme.electivesandfellows@ubc.ca

Completed applications will include:

1. Letter from your Program Director stating agreement to this elective with contact information.
2. Letter from your preceptor stating agreement to this elective with contact information.
Applications submitted without preceptor contact information will not be approved.
3. [Online Payment](#) of the \$100.00 nonrefundable administration fee. **Payment must be received prior to your application being processed.** Please submit a copy of your receipt with your application.

Please note that applicants will require an educational license from the [College of Physicians and Surgeons of British Columbia \(CPSBC\)](#) in the postgraduate (Resident Elective) class. It is the applicant's responsibility to apply for the license and meet the CPSBC criteria for licensure.

Basic Information			
Last Name:		First Name:	
Date of Birth (m/d/yy):		M	<input type="checkbox"/>
		F	<input type="checkbox"/>
Address:			
City/Province:		Postal Code:	
Cell Phone:		Email:	

- Canadian Citizen Permanent Resident (Landed)

*This application is limited to Canadian citizens and permanent residents. If you are seeking elective training at UBC and you are on a work permit, you may apply directly to the preceptor program as a **Postgraduate Trainee**.*

Did you receive your medical degree outside of Canada? No Yes (country) _____

Current University Information			
University Name:			
Program:		Resident Level:	
Program Phone:		Program Email:	

Is this your first postgraduate elective with the University of British Columbia? No Yes

UBC Elective Information			
Specialty or Subspecialty:			
Training Site:			
Preceptor Name:			
Preceptor Phone:		Preceptor Email:	
Start Date (m/d/yy):		End Date (m/d/yy):	