

International Visiting Electives Application

Application Process			
Application process	<p>For an international application to be considered, you must fully key in your responses in the blue form fields below, print and mail this application (along with the requested stage 1 documentation outlined on page 6) to:</p> <p>Marie Prpic, Clinical Placement Coordinator Northern Ontario School of Medicine 6th Floor, Room 6034J ATAC Building 955 Oliver Road, Thunder Bay, ON Canada P7B 5E1</p> <p>We recommend that you save a copy to your computer, and send your documentation via registered mail or courier to ensure that your package arrives safely. A confirmation email will be sent to you on the date your documentation is received.</p>		
Application due date	<ul style="list-style-type: none"> If you require a temporary resident visa, your initial application package (stage 1 documentation) must be received by mail 8 months in advance of your proposed NOSM clinical rotation start date. If you do not require a temporary resident visa, your initial application package (stage 1 documentation) must be received by mail 6 months in advance of your proposed NOSM clinical rotation start date. Applications received more than 10 months in advance will not be considered. 		
Temporary resident visa	<p>It is your responsibility to determine if you require a temporary resident visa to enter Canada as a medical student to complete this elective http://www.cic.gc.ca/english/information/applications/visa.asp</p> <p>I require a temporary resident visa <input checked="" type="radio"/> Yes <input type="radio"/> No</p>		
Email correspondence	<p>Unless specifically requested, documentation sent to NOSM via email will not be considered.</p> <p>Changes you request after the date you mail your initial application package may be sent via email provided all details are outlined on NOSM's Change Form as posted on the web. Status reports will not be provided, but we will be pleased to provide you with email advice at the following stages of the application process:</p> <ul style="list-style-type: none"> the date your application package has been reviewed and the outcome. the date the preceptor search begins and ends and the outcome. if a preceptor has been approved by NOSM, the date additional documentation and funds are received. the date any final wrap-up steps that may apply to your special circumstances are received. 		
Unsuccessful applicants	<p>Reasons for an unsuccessful application are not provided. Applications are assessed on multiple criteria based on the information you provide in your application package. Some criteria such as your application accuracy, your clinical experience (level of training), your academic standing, and your proficiency in the English language are weighted in the overall decision-making process. Some criteria are not in your control, such as the number of students allowed per University.</p> <p>You will have one opportunity to apply for a clinical rotation between April 1 and March 31st each year (NOSM's funding year). If your application was unsuccessful, we will consider your application again during subsequent funding years. Multiple requests to NOSM during the same funding period will not be acknowledged.</p>		
Learner Information			
Legal name	First	Middle	Last
Preferred name			
Personal information	<input checked="" type="radio"/> Female	<input type="radio"/> Male	Date of birth (MM/DD/YYYY)
	Email address		
Primary telephone	011 + country code + city code/area code + local number		
<p>Successful applicants: We will be conducting a 5 minute telephone interview. At the end of the interview, you will be given an opportunity to ask questions relevant to your application.</p>			

City of birth				Country of birth				
Complete International home mailing address.	Apartment		Street address					
	City		Province/state/country			Postal code/zip code		
Trip planning	My spouse/partner is a medical student applying for a NOSM elective for the same time period.					<input type="radio"/> Yes	<input type="radio"/> No	
	For housing and trip planning, I plan to bring the following dependents (legal spouse, or common-law spouse/partner and/or, children) with me to Canada.							
	Full name(s)			Relationship to you		Date of birth (MM/DD/YYYY)		
Emergency Contact Information								
International emergency contact	First name				Last name			
	Relationship to you							
	011 + country code + city/area code + local number							
	Email address							
Canadian emergency contact	<input type="checkbox"/> None, OR as listed below							
	First name				Last name			
	Relationship to you							
	City/area code + local number							
	Email address							
Canadian Citizens or Permanent Residents only								
Canadian citizen	<input type="radio"/> Yes	<input type="radio"/> No						
Permanent resident	<input type="radio"/> Yes	<input type="radio"/> No	Note: A permanent resident is the same as a landed immigrant.					
Complete Canadian mailing address	Apartment		Street address					
	City		Province			Postal code		

Northern Ontario learner	<p>Note: Northern Ontario learners are eligible for up to 12 weeks of clinical rotations in any funding year. If you were born or raised in any city or town south of Gravenhurst, Ontario, Canada, you are not considered a Northern Ontario learner. For a specific listing of qualifying northern Ontario communities, review this link here: http://www.nosm.ca/communities/general.aspx?id=1614</p>				
	Education	Name of School		City/Province/State	From (YYYY) To (YYYY)
	Public school				
	High school				
	College				
	University				
	Total number of consecutive years you have been physically present in Northern Ontario?				
Additional information that you wish to include that may qualify you as a Northern Ontario learner.					
Your Institutional and Educational Details					
Institution name and location	Full name of university/medical school				
	Name of current academic program				
	Country of head office of university/medical school				
	Country of branch office of university/medical school				
Administrative contact	Prefix	First name		Last name	
	Title				
	Email address				
	Direct telephone number (include country code)				
Academic contact	Prefix	First name		Last name	
	Title				
	Email address				
	Direct telephone number (include country code)				
Undergraduate Level of Training	Home university student ID number				
	Date your medical training (<i>pre-clerkship year</i>) commenced			(MM/YYYY)	
	Date your medical training (<i>pre-clerkship</i>) year ended			(MM/YYYY)	
	Date your clinical training (<i>clerkship year</i>) commenced			(MM/YYYY)	

	Date your clinical training (clerkship year) will end		(MM/YYYY)	
	How many years of clinical training does your current home university have?		(Enter a number)	
	What clerkship year will you be in at the time of your planned visiting elective with NOSM		(Enter a number)	
	Expected date of graduation		(MM/YYYY)	
	Name of medical degree to be conferred			
	What clinical training will you have completed prior to the proposed elective with NOSM?			
Home university approval	My Home University will approve this elective based on the information contained in this section. Note: It is the student's responsibility to list all documents by name and include samples of required forms.			
	Documentation required		Due date or number of hours	Check if not applicable
	Name and address of preceptor due (MM/DD/YYYY)			<input type="checkbox"/>
	Required number of weekly of hours at a clinic are:			<input type="checkbox"/>
	Required number of weekly hours at a hospital are:			<input type="checkbox"/>
	A weekly schedule of my activities due (MM/DD/YYYY)			<input type="checkbox"/>
	Preceptor CV or course reading material due (MM/DD/YYYY)			<input type="checkbox"/>
	Preceptor's evaluation of learner due (MM/DD/YYYY)			<input type="checkbox"/>
	Additional comments			
Clinical Placement Details				
Primary Search Criteria	<input type="radio"/> Start date	<input type="radio"/> Site location	<input type="radio"/> Discipline	
	If your first preference is <i>start date</i> , or <i>site location</i> , we will search for a preceptor in the same city for a spouse or colleague as noted below			
	Full name		Home university	
Discipline start dates	Preference #1 start date (Must be a Monday)		(MM/DD/YYYY)	
	Preference #2 start date (Must be a Monday)		(MM/DD/YYYY)	
	Preference #3 start date (Must be a Monday)		(MM/DD/YYYY)	
Site location	One site location is recommended for the duration of your consecutive week elective. If you are seeking separate site locations and/or non-consecutive clinical rotation dates in one funding year, please explain your preferences fully under the section entitled Discipline details. Additional fees may be required.			
	Preference #1			
	Preference #2			
	Preference #3			
	Preference #4	We will search in ANY Community if your preferences (listed above) are unavailable.		

Discipline details		Definition of a Week: Any Monday to Sunday that you are requesting that a NOSM preceptor teach you .				
Preference	Discipline name – always required	Subspecialty – Include if applicable	Elective	Core	Total week count for each discipline (minimum of 4 weeks per discipline)	
#1			<input type="radio"/>	<input type="radio"/>		
#2			<input type="radio"/>	<input type="radio"/>		
#3			<input type="radio"/>	<input type="radio"/>		
#4			<input type="radio"/>	<input type="radio"/>		
#5			<input type="radio"/>	<input type="radio"/>		
What is the <i>minimum</i> week count your Home University will allow?						
What is the total consecutive week count you are applying for?						
<p>If you are choosing split rotations (e.g. sites, non-consecutive start dates, or disciplines) within the total week count, describe your requirements fully here; subject to the 4 week minimum week count per discipline.</p>						
Preceptor Search		<ol style="list-style-type: none"> You are not required to include the names of preferred preceptors or find your own preceptor. We will commence a preceptor search for a maximum of 8 weeks following your application approval email, provided stage 1 and stage 2 documentation is complete and approved by NOSM. At the end of 8 weeks, we may close your file or extend the search if feasible. If we close your file, the \$500 administrative fee will be refunded via mail to your international mailing address, unless advised otherwise. You may list the preceptors you prefer below with any comments you wish to make. 				
		<p>To aid in our preceptor search, you are required to disclose names of the physicians in Northern Ontario related to you or your family.</p>				

NOSM Fees

Note: Your international money order(s), must be made payable to the Northern Ontario School of Medicine in Canadian funds at Stages 1, 2, and 3.

Stage	Scenario	Amount
Stage 1:	Application processing fee required for all applicants. This amount is non-refundable under all circumstances.	\$200.00
Stage 2:	Administrative fee required for all applicants who have been notified that their application has moved to the preceptor search stage. This amount will be refunded if we are unable to find an approved preceptor according to NOSM's protocols.	\$500.00
Stage 3: Insurance	Medical Malpractice Insurance. See <i>NOSM Submission Checklist</i> to see if this amount applies to you. If yes, this fee is not refundable or transferrable if you cancel your rotation.	\$325.00
Stage 3: Housing	The housing section only applies if you are requesting NOSM accommodations. NOSM's rental fees are not refundable if you cancel your rotation. It is transferrable if any change in rotation dates has been approved by NOSM within the same funding period.	
	<i>Accommodation weekly fees for learner only</i>	
	<ul style="list-style-type: none"> Applies only if NOSM accommodations are available. Applies only to learners who are willing to share a unit with another learner. Multiply \$125.00 per week times the number of clinical rotation weeks approved by NOSM. 	
	<i>Accommodation weekly fees for learner and family members</i>	
	<ul style="list-style-type: none"> Applies only if NOSM accommodations are available for a family unit. Multiply \$200.00 per week times the number of clinical rotation weeks approved by NOSM. 	
	Total amount to be paid by international money order in Canadian funds.	
	NOSM Housing Security Deposit. Please make your cheque payable to the Northern Ontario School of Medicine in Canadian funds. This amount will be refunded if all NOSM housing protocols are met.	\$100.00

Learner Acceptance

The Northern Ontario School of Medicine, as the Faculty of Medicine for Laurentian University and Lakehead University, collects personal information for the purpose of administering learner programs including admissions, registration, academic advising, academic progression, university advancement, and research and statistical reporting to government agencies. Information may be shared with Lakehead University, Laurentian University, NOSM faculty, hospitals, and clinics, or other individuals, as required, to administer learner programs.

Accept	By checking the accept button, I agree that the information submitted on this application is true and accurate and that information contained herein will be protected in accordance with the Personal Health Information Protection Act, 2004 (PHIPA).
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NOSM Submission Checklist

Stage 1 documentation <u>via mail</u>	Have you included all of the following documentation with your application?
PDF Application	Fully complete this application form and retain for future reference.
International money order	\$200.00 application processing fee. Refer to the section entitled <i>NOSM Fees</i> .
Permanent resident card (for landed immigrants only)	Photocopy a clear legible copy of your permanent resident card, if applicable, showing the expiry date.
Home university student ID card	Photocopy a clear legible copy of your home university student ID card
Home university medical malpractice Insurance certificate	<ol style="list-style-type: none"> One review will be made of your existing home university certificate to determine if we will waive NOSM's medical malpractice insurance fee. If your home university certificate is declined, we will arrange coverage for you after a preceptor has been found, and upon receipt of the required international money order. This fee provides coverage for your planned NOSM elective only.

Stage 2 documentation <u>via email</u>	Email only when requested.
Color facial <u>photo</u>	Your current color passport or personal photo may be submitted in tiff, jpg, bmp, or pdf format.
Stage 2 documentation <u>via mail</u>	Mail only when requested.
International money order	Administrative Fee in the amount of \$500.00. Refer to the section entitled <i>NOSM Fees</i> .
Proof of Ontario health care coverage	<p>Definition: A learner who is studying full-time outside Canada and who maintains a permanent home in the province of Ontario according to the guidelines set by OHIP.</p> <ol style="list-style-type: none"> 1. If the above definition applies to you, you will be required to submit your OHIP Health Care Card <u>showing an expiry date at the end of your studies outside Canada. If your OHIP card expires in the future on your birthday, you will be required to submit a letter to OHIP (as posted on the web) to initiate a "NOSM approved" OHIP health care card.</u> 2. <u>One review will be made of the documentation you submit, no exceptions.</u> 3. If your OHIP documentation has been declined by NOSM, or if you do not meet the above definition, you will be able to purchase UHIP coverage to ensure your electives application continues to move forward. See stage 4 documentation.
Letter of good standing from your home university	Review our sample letter posted on our website, which must include your Home University Seal.
Immunization records (on NOSM Forms only)	We will not accept medical records on any other form under any circumstances. If certain tests are not available in the country you are currently studying in, please indicate on a separate sheet and attach with your stage 2 documentation.
Sample forms and requests required by your home university	Late or incomplete requests will result in cancellation of your NOSM elective.
Stage 3 documentation <u>via mail</u>	Mail only when requested.
International money order	If an approved preceptor has been found for you, you will be notified by email along with a request for additional funds for your medical malpractice insurance, if applicable. Refer to the section entitled <i>NOSM Fees</i> .
WHMIS certificate	For NOSM's purposes, a photocopy of a current WHMIS certificate is required. This certificate must be updated annually. You may choose any online service provider such as http://www.whmisdirect.ca/whmis-course
Signed housing agreement and security deposit cheque	<p>If you have requested NOSM accommodations, please download and sign the attached housing agreement http://www.nosm.ca/uploadedFiles/Education/Learner_Policies_Procedures_and_Protocols/APPENDIX%20%20NOSM%20Learner%20Housing%20Agreement.pdf.</p> <p>Your cheque in the amount of \$100.00, made payable to the <i>Northern Ontario School of Medicine</i>, in Canadian funds, represents the amount due for your housing unit security deposit. This cheque will not be cashed and will be refunded to you if all housing protocols have been met. See the section entitled <i>NOSM Fees</i>.</p>
Stage 4 documentation <u>via email</u>	Submit only when requested.
UHIP coverage	<p>You must purchase UHIP coverage and supply NOSM with your credit card information by telephone or fax when advised to do so. Fees are paid directly to the insurance company, Sun Life. <u>Failure to complete this step, if required, will void your NOSM Confirmation Letter and your planned elective.</u></p> <ol style="list-style-type: none"> 1. Definition One: Canadian Citizens whose previously submitted proof has been declined by NOSM. See stage 2 documentation. 2. Definition Two: An international learner who is not a Canadian Citizen or Permanent Resident (e.g. Landed Immigrant) according to Canadian Immigration laws. <p>Please note that UHIP purchase is required, unless you have an approved plan as outlined here: http://www.uhip.ca/exempted.aspx A listing of non-approved plans can be found here: http://www.uhip.ca/uploads/en_NonApprovedInsurancePlans.htm</p>
Application Process Complete	