



Department of Family Medicine Residency Program Elective Form – International

Please complete a separate form for each elective

Resident Name: _____ Elective Dates: _____

Elective Type: Family Medicine Other – please indicate: _____

Supervisor Name: _____

University Appointment? Yes No

Mailing Address: _____

Fax Number: _____

Objectives: **NOTE:** Core objectives are available for core rotations only (e.g. emergency medicine, surgery, pediatrics).
If you are doing an elective in a specialty that is not a part of the core curriculum, you must formulate your
own objectives according to CanMEDS-FM roles (e.g. dermatology, sports medicine, radiology)

- I have attached my own objectives
- I am using core objectives from the Program's evaluation form
- I am aware of the Global Health Objectives

Licensing and Malpractice Coverage – you **must** submit proof of each for the specified country and region or your elective will not be approved.

- Proof of licensing attached
- Proof of malpractice coverage attached

Note: It is recognized that some countries do not specifically provide physicians with licensing and/or malpractice coverage. If neither is available, you will be required to submit a letter from either a local government agency, hospital or appropriate organization outlining specific registration requirements that have been met and that you are considered licensed and covered for any malpractice under those registration requirements.

Safety Planning Record – you **must** submit a fully completed Safety Planning Record to have your elective approved:
<http://www.safety.queensu.ca/ocasp/>

- Completed Safety Planning Record attached

Academic Advisor's Signature

Date

Site Director's Signature

Date

Please submit this form along with completed attachments at least 12 weeks in advance of the start date of your elective to Carla Evaristo, carla.evaristo@dfm.queensu.ca, or fax 613-533-9301