



PLEASE READ THE FOLLOWING CAREFULLY BEFORE YOU BEGIN:

Download this form to your computer before you start. Then save it and email it to Year1UGME@umanitoba.ca OR Year2UGME@umanitoba.ca. It will work best to use Adobe Reader (free download) to complete this form.

ALL sections on application form **MUST** be completed and be received two weeks in advance of exposure; final application **deadline is June 30th**; Exposure **MUST** be pre-approved as per [Section D] and have fees paid **PRIOR** to participation. You will receive an email when you are registered and fees are due.

In order to receive approval for this application, your preceptor must sign the form or alternatively, an email can be received from your preceptor or his/her secretary/coordinator indicating that you are approved for this exposure. You may forward the email or you may ask your preceptor to email directly to electivesugme@umanitoba.ca.

Section A - Student Information

Last name	First name	
Student #	Student Email	Grad Class Year
Type of Exposure	BSc Med Split Between 2 Summers?	

Section B - Preceptor Information

Preceptor Name (Last, First)	<input type="text"/>	Email Address
Phone #	<input type="text"/>	<small>*IFMSA - if your preceptor is unknown at this time please indicate as such in the fields above and email me the official acceptance email from the IFMSA.</small>

Section C - Exposure Information

Start Date	<input type="text"/>	End Date	<input type="text"/>	Specialty	<input type="text"/>
# Days/Wk <small>(usually 5)</small>	<input type="text"/>	# Days Assigned <small>(usually 10)</small>	<input type="text"/>	Hospital/Site <small>(location)</small>	<input type="text"/>

*Must be a total of 80 hours (40 hours for BSc Med - Split Summer)

Comments

Section D - Approval

By signing this form I hereby confirm these details are accurate. **If my preceptor does not sign this form, I will forward an email from my preceptor or ask my preceptor or his/her secretary/coordinator to email electivesugme@umanitoba.ca confirmation of the details found in this application.** I understand that in order to pass this exposure an evaluation must be completed and emailed to the Electives Office at the end of this exposure.

Date	<input type="text"/>	Preceptor's Signature	<input type="text"/>	Adobe Reader works the best to complete this form. Please email forms to: Year1UGME@umanitoba.ca OR Year2UGME@umanitoba.ca Thank you.
Date	<input type="text"/>	Student's Signature	<input type="text"/>	