

## APPLICATION FOR APPROVAL OF APPOINTMENT INFORMATION

This mechanism has been formulated so that the training of Clinical Fellow/Postgraduate Trainees can be documented and the information entered into the CAPER database and postgraduate templates. Clinical Fellows/Postgraduate Trainees are not registered as residents with the University and do not have to pay registration fees.

Salary arrangements are the responsibility of the sponsoring agency or specialty program and the Clinical Fellow/Postgraduate Trainees are not under the umbrella of PAR-BC.

Although hospitals provide medical liability insurance for Clinical Fellows/Postgraduate Trainees, they will only cover those activities specifically related to a Fellow/Traineeship program which occurs within the hospital. Clinical Fellows/Postgraduate Trainees who perform duties outside of the hospitals are strongly encouraged to purchase personal medical malpractice liability insurance for additional activities.

All immigration/work permit documentation is the responsibility of the sponsoring specialty program.

**Please enclose the \$100 processing fee payable to UBC by cheque or UBC journal voucher. Extensions under six months do not require the processing fee.**

An updated version of this form is available on our website: [www.med.ubc.ca/postgrad](http://www.med.ubc.ca/postgrad).

### PROCEDURES FOR APPOINTING FELLOWS OR TRAINEES

- The form for each Clinical Fellow/Postgraduate Trainee is signed by the Department Head and then forwarded to the VP of Medicine for signature, then to the Office of the Associate Dean of Postgraduate Education for approval.
- The Postgraduate Dean signs the information sheet indicating approval and returns the form to the sponsoring Department Head. The Department is then responsible for obtaining licensure from the College of Physicians and Surgeons of British Columbia.
- If the Clinical Fellow/Postgrad Trainee is to be appointed through UBC, the sponsoring Department Head attaches the signed form to the Faculty Appointment Form (Form Faculty 300 REV) and forwards both documents to the Faculty of Medicine, Dean's Office, for processing in the usual fashion. **Appointments will not be processed without prior authorization of the office of the Postgraduate Dean.**
- Please note that any application for employment authorization **MUST** have a copy of the approved "Application for Approval of Clinical Fellow/Postgraduate Trainee Appointment Form" attached to it.
- The Fellows/Postgrad Trainees are not registered as Residents with the University and do not have to pay registration fees to the University. **They will be required to pay an annual licensing fee to the College of Physicians and Surgeons of BC.**

### CREDENTIALS VERIFICATION

The College of Physicians and Surgeons of British Columbia now requires that all physicians seeking medical licensure who have completed their medical education outside of Canada submit their credentials for verification to the Educational Commission for Foreign Medical Graduates (ECFMG) International Credentials Services (EICS).

This is a mandatory requirement that affects all categories of training including medical residents and clinical fellows. Please advise all new and future trainees of this requirement so that they will not experience a delay in their training once they arrive in Vancouver. The cost for verification is \$150 US and the forms can be downloaded from the College of Physicians and Surgeons website at [www.cpsbc.ca](http://www.cpsbc.ca).

## **ENGLISH LANGUAGE REQUIREMENTS**

The College of Physicians and Surgeons of British Columbia requires of all licensure candidates the ability to speak, read, and write in English. Effective July 1, 2010 a TOEFL-IBT total score of 95 (including 25 for the spoken component) is required of any candidate whose language of primary medical instruction was neither English nor French.

## **DEFINITIONS**

A **Clinical Fellow** is a post-MD trainee who is pursuing further clinical or research training in their own specialty and has successfully completed all the time and examination requirements which would allow them to be listed (registered) as a specialist in their home country.

- The candidate **MUST** supply a letter from the postgraduate specialty college in their home country (with notarized translation if applicable) indicating that they have met the training requirements for a specialist in that country. The letter should indicate the number of years of training necessary to achieve specialist status in the program and examinations necessary to achieve specialist status.
- The candidate **MUST** provide proof (original with notarized translation if applicable) of successful completion of all examinations listed in the above letter.
- Those candidates who do not meet the above fellowship eligibility criteria but have sufficient postgraduate training to warrant admission to a postgraduate program at UBC, will be designated as “postgraduate trainees”. Supporting documentation would include all specialty training certificates and a letter from the applicant’s specialty college.

A **Postgraduate Trainee** is a post-MD trainee who is pursuing further clinical or research training in their own specialty, but has not yet completed sufficient training that would allow them to be listed (registered) as a specialist in their home country. Applications will also be accepted from individuals who have met the time requirements of training but who have not succeeded in the examination requirements of their specialty. This requirement will only be waived if the candidate is within a two-year period of examination eligibility.

It is accepted by the applicant that training provided in either of the above appointments will **NOT** be evaluated by the Royal College of Physicians and Surgeons of Canada. These appointments will **NOT** be considered for positions as a paid physician assistant, nor postdoctoral research trainees, nor subspecialty residents.

**UNIVERSITY OF BRITISH COLUMBIA**  
**APPLICATION FOR APPROVAL OF APPOINTMENT OF**  
 **CLINICAL FELLOW**                       **POSTGRADUATE TRAINEE**

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Name: \_\_\_\_\_ Sex: M  F

Name (if different on medical degree): \_\_\_\_\_

Full Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: (d/m/y) \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

If not a Canadian citizen, indicate status while in Canada:

Permanent Resident (Landed)                       or                      Work Permit

<i>MEDICAL DEGREE</i>	<i>UNIVERSITY/COLLEGE</i>	<i>DATE</i>	<i>COUNTRY</i>
_____	_____	_____	_____

**MEDICAL COUNCIL OF CANADA EXAMINATIONS**

MCCEE  (date) \_\_\_\_\_ MCCQE part 1  \_\_\_\_\_ LMCC#: \_\_\_\_\_ date: \_\_\_\_\_

**SPECIALTY CERTIFICATIONS**

RCPSC Certification: \_\_\_\_\_ date: \_\_\_\_\_

If from UK – CCST (Certification of Specialist Training) \_\_\_\_\_ date: \_\_\_\_\_

American Board Certification: \_\_\_\_\_ date: \_\_\_\_\_

Other: \_\_\_\_\_ date: \_\_\_\_\_

**PROGRAM INFORMATION**

Indicate specialty or subspecialty training in which the fellow will be training and the purpose of training:

\_\_\_\_\_

Training site during appointment: \_\_\_\_\_

Length of requested appointment (to be no more than 24 months in total):

Start date: (d/m/y) \_\_\_\_\_ Stop date: (d/m/y) \_\_\_\_\_

Is this a new appointment? Yes  No  (reappointment or extension)

**SOURCE OF FUNDING FOR APPOINTMENT**

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

**\*Please append a current curriculum vitae outlining previous postgraduate training\***

**SIGNATURE PAGE**

It is acknowledged that 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. This does not apply to Postgraduate Trainees who are currently registered in a Royal College accredited program.

It is acknowledged that 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.

I consent to the information on this form being shared with the College of Physicians and Surgeons of British Columbia.

It is understood that the maximum length of time that a physician may spend as a Clinical Fellow or Postgraduate Trainee in British Columbia is 24 months.

**Signature of Fellow or 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,  
Postgraduate Education**

\_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Kamal Rungta, MD/Jill Kernahan, MD  
Associate Dean/Assistant Dean  
Postgraduate Medical Education