



# Application for Clinical Training

Applications must be submitted 30 days prior to placement and sent to [TDesjardins@brockvillegeneralhospital.ca](mailto:TDesjardins@brockvillegeneralhospital.ca).

Please note that in addition to this form, proof of the following clearances must also be sent to the BGH Education Assistant.

- Proof of Immunizations (please see below for BGH requirements)
- Proof of N95 Mask Fit (please see below for N95 Masks used by BGH)
- Proof of Enrollment and/or Letter of Good Standing
- Proof of Clear Vulnerable Sector Police Check (clearance may be indicated in LOGS MUST be within 6 months of placement start date)

***\*Please note that additional information and documentation may be requested by the Education Coordinator to meet program specific placement requirements.***

## Student Contact Information

Name (first/last)		Student ID #
Address		Country
Province	City	Postal Code
Email		Primary Phone #
Emergency Contact		Emergency Contact #

## Current Program or Specialty

School	Program	Year
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## Previous Schooling (Optional)

School	Program	Year
School	Program	Year

## Type of Training Requested (Select 1 of the following)

<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Diagnostic Imaging	<input type="checkbox"/> Emergency	<input type="checkbox"/> Family Medicine
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Hospitalist	<input type="checkbox"/> ICU	<input type="checkbox"/> Internal Medicine
<input type="checkbox"/> Midwifery	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedic Surgery

<input type="checkbox"/> Palliative Care	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Urology	<input type="checkbox"/> Elective <input type="checkbox"/> Core
<input type="checkbox"/> Other (please indicate)		Start Date	End Date
Name of Supervising Physician ( <i>if known</i> )		Supervising Physician has been contacted by student? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**License to Practice in Ontario (Medical Residents ONLY) \*Proof of Malpractice coverage MUST be sent with application. If you have no CMPA or do not attend Queens University, please reach out to the Education Assistant.**

Do you have coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Date
Date of License	License #	OHIP Billing #
CMPA #	Other Malpractice	

**Communicable Disease Screening \*Incomplete or Outdated Information can DELAY placement”**

**Tuberculosis Screening**

A historical two-step TB skin test is required. **\*Must be within 6 months of placement start date to be considered current\*.**  
If a test comes back positive, a chest X-ray must be completed and confirmed to be clear.

**Measles - one of the following is acceptable:**

- Documentation of 2 doses of Measles vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to measles

**Mumps - one of the following is acceptable:**

- Documentation of 2 doses of mumps vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to mumps, or

**Rubella - one of the following is acceptable:**

- Documentation of 2 doses of rubella vaccine (MMR) on or after your first birthday, or
- Laboratory evidence confirming your immunity to rubella

**Varicella (Chicken Pox) - one of the following is acceptable:**

- Documentation of 2 doses of chicken pox vaccine, or
- Laboratory evidence confirming your immunity to chicken pox, or
- Record showing evidence (date) that you were ill with the chicken pox or a self-provided history of chicken pox is **not** evidence of immunity

**Tetanus/Diphtheria**

Childhood or adult primary series of Td with boosters every 10 years. ***Also see Acellular Pertussis (Tdap) requirement below.***

**Acellular Pertussis – the following is acceptable:**

Documentation of having received one single dose of tetanus, diphtheria, pertussis vaccine (Tdap) as an adult (within 10 years of placement start date).

**Immunity to Hepatitis B**

The educational institution is responsible for Hepatitis B immunization and post exposure follow up for their students.

**Influenza & COVID-19 Vaccinations**

All students must provide proof of 2 COVID vaccines. It is recommended that students receive the annual flu vaccine unless medically contraindicated. **If there is an active outbreak within the hospital and the student does not have proof of annual flu vaccine, students will not be allowed to participate in their rotation while the outbreak is ongoing.**

**Respirator (N95) Clearance**

Learners are required to have N95 respirator fit testing dated within the last 2 years. BGH primarily fits for 1870+ with other sizes in varying and limited quantities.