|  |  |
| --- | --- |
|  | **Application for Clinical Training Applications must be submitted 30 days prior to placement and sent to** [**bghlearners@bgh-on.ca**](mailto:bghlearners@bgh-on.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 fitted by BGH)

Proof of Enrollment and/or Letter of Good Standing

Proof of Clear Vulnerable Sector Police Check (clearance may be indicated in LOGS)

***\*Please note that additional information and documentation may be requested by the Education Assistant 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 |

**Previous Schooling**

|  |  |  |
| --- | --- | --- |
| School | Program | Year |
| School | Program | Year |
| School | Program | Year |
| School | Program | Year |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Anesthesia | Diagnostic Imaging | Emergency | Family Medicine |
| General Surgery | Hospitalist | ICU | Internal Medicine |
| Midwifery | OB/GYN | Ophthalmology | Orthopedic Surgery |
| Palliative Care | Pediatrics | Urology | Elective  Core |
| Other (please indicate) | | Start Date | End Date |
| Name of Supervising Physician *(if known)* | | Supervising Physician has been contacted by student?  YES  NO | |

**License to Practice in Ontario \**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?  Yes  No  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**Communicable Disease Screening \*Incomplete or Outdated Information can DELAY placement”**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. If it has been over a year since the most recent Mantoux skin test, a negative single step Mantoux skin test must be conducted. 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.

**Immunity to Hepatitis B**

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

**Influenza Vaccination**

It is an expectation that all students must receive the annual flu vaccine unless medically contraindicated.

**Respirator (N95) Clearance**

Learners are required to have N95 respirator fit testing dated within the last 2 years. The following N95 respirators are available for use at BGH:

|  |  |  |
| --- | --- | --- |
| **3M 1860** | **3M 1860S** | **3M 1870 +** |
| **3M 8210** | **3M 8110S** | **1804S** |