Graduate Certificate in Global Surgical Care

Application Form

Please **DO NOT** complete this application form before you review the program requirements at **www.internationalsurgery.med.ubc.ca**

We will send you an email acknowledging receipt of your application.

PERSONAL INFORMATION (Please print clearly)

Last or Family Name:		First or Given Name:	
Address:		City:	
Province/State:	Postal/Zip Code:	Country:	
Phone:	Email Address (**please print**):		
Date of Birth: **dd/mm/yyyy**	Citizenship:	**Yes**	**No**
I have a four-year bachelor's degree in a health-related profession that meets the UBC Faculty of Graduate Studies academic admission requirements (see https://www.grad.ubc.ca/)		☐	☐
I am a Surgeon and/or MD		☐	☐
If you answered **Yes** to the last question, please **PRINT** where you are currently working and/or teaching. Please include your speciality:			
I understand that my application will be considered when English Language Proficiency Test results (if required) and all other required documentation (*resume* and *statement of intent)* is received by the UBC Branch for International Surgical Care.		☐	☐
I have failed a year or been required to withdraw from UBC or another college or university.		☐	☐
I have studied at UBC before.		☐	☐
If you answered **Yes** to the last question, please **PRINT** your UBC Student number and your name when you studied at UBC *(if **different** from your current name*):			

Course Goals

Please mark each course with the year of your program (1, 2, 3 or 4) in which you intend to register.

COURSE	**YEAR** of Program	**COURSE**	**Year** of Program
SURG 510 - Surgical Care in International Health		**SURG 514** - Surgical Care in Humanitarian Disaster Response	
SURG 512 - Global Disability: A Surgical Care Mandate		**SPPH 540** - Program Planning & Evaluation with a Surgical Care Focus	

DECLARATION

- I accept that if, in reading and completing this application, I knowingly or carelessly provide untrue or incomplete information, (a) any offer of admission, whether accepted or not, may be withdrawn by UBC; (b) I may be required to withdraw from any course in which I am enrolled; and (c) I may be subject to academic discipline.
- I agree that UBC may verify the information provided by contacting the relevant institution or, if an MD, the Royal College of Physicians and Surgeons of Canada.
- I accept that information on falsified documents is shared with the Association of Universities and Colleges of Canada.

Signature of Applicant:	Date:

IMPORTANT NOTES:

1. Please either scan and email your completed form to **surgery.international@ubc.ca** or fax it to **(604) 875 4036** to the attention of the Manager, Branch for International Surgical Care.
2. Queries related to your application should be directed to: Branch for International Surgical Care, **Tel: (604) 875-5372. Email: surgery.international@ubc.ca**