



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

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(s): | Yes | No |
| I am a Canadian Citizen or a Permanent Residents of Canada <i>Permanent Residents must provide a clear photocopy of both sides of the Permanent Resident card.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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/) | | <input type="checkbox"/> | <input type="checkbox"/> |
| I am a Surgeon and/or MD | | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered Yes to the last question, please PRINT where you are currently working and/or teaching. Please include your speciality: | | | |
| I have failed a year or been required to withdraw from UBC or another college or university. | | <input type="checkbox"/> | <input type="checkbox"/> |
| I have studied or applied to UBC before (i.e. I have been issued a UBC Student Number) | | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered Yes to the previous question, please PRINT your UBC Student number and your name when you studied at UBC (<i>if different from your current name</i>): | | | |
| I understand that my application will be considered when English Language Proficiency Test results (if required) and all other required documentation (<i>resume and statement of intent</i>) is received by the UBC Branch for International Surgical Care. | | <input type="checkbox"/> | <input type="checkbox"/> |
| I would also like to be considered for the January 2022 intake | | <input type="checkbox"/> | <input type="checkbox"/> |
| How did you hear about the Graduate Certificate in Global Surgical Care (social media, BISC website, conference, promotional email, etc...)? Please be specific. | | | |

COURSE GOALS

Please indicate if you intend to complete your studies in this program part-time or full-time.

- Full-time (two 3-credit courses per term; 1-year completion) Part-time (one 3-credit course per term; 2-year completion)

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 – 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 scan and email your completed form to surgery.international@ubc.ca to the attention of the Branch for International Surgical Care.
2. Queries related to your application should be directed to: Branch for International Surgical Care, **Tel: (604) 875-4111 (Ext. 23110), Email: surgery.international@ubc.ca**
3. We will send you an email acknowledging receipt of your application.