



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"/>
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or carelessly provide untrue or incomplete information, (a) any offer of admission, whether accepted or not, may be withdrawn by UBC; (b) I may be required to withdraw from any course in which I am enrolled; and (c) I may be subject to academic discipline.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 Global Surgical Care.
2. Queries related to your application should be directed to: Branch for Global 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.