

CLERKSHIP

APPLICATION FORM FOR A 4<sup>TH</sup> YEAR RESEARCH ELECTIVE

Name of Student: \_\_\_\_\_

Student Number: \_\_\_\_\_ MEDS \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisors Name and Qualifications (MD/PhD or equivalent): \_\_\_\_\_

Department / Organization where student will be situated: \_\_\_\_\_

Address: \_\_\_\_\_

Title of project: \_\_\_\_\_

Research question or hypothesis: \_\_\_\_\_

Brief Outline of project (or attach copy of protocol):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Role of student (check all that apply with brief explanation)

- Literature review
- Protocol development
- Data collection
- Data analysis
- Manuscript preparation

At the end of the Elective time, the student must submit a brief (1 to 2 page) report describing their experiences.

If student is a co-author, please include a copy of the abstract of the manuscript.

**Role of supervisor**

The supervisor or delegate will provide direction for the student on the project and will be responsible for ensuring that the student has a good attendance record and completes all assigned work. It is expected that the student will meet regularly in person with supervisor.

Supervisor will complete the Elective Evaluation Form at the end of the Elective time.

Confirmation of above details by supervisor is required for approval of the Research Elective either by signing below or by an e mail.

Supervisor's name (printed): \_\_\_\_\_

Signature of supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Student's name (printed): \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

\*REQUEST MUST BE MADE **AT LEAST 1 MONTH** PRIOR TO THE ELECTIVE.

**Approved / Refused:** \_\_\_\_\_  
**Dr. Leigh Fraser-Roberts, Director of Electives**

**STUDENT MUST RETURN THE FORM TO:**  
**Liaison Officer Year 4**  
**Undergraduate Medical Education**  
**451 Smyth Road, Room 2046, Ottawa, Ontario**  
**K1H 8M5 Fax: 613-562-5651**

**Revised : November 7, 2011**