



**Special Educational Experience  
(SEE)**

**SERVICE LEARNING**

**Application and Approval Form**

A Service Learning SEE provides students with the opportunity to gain knowledge of community and patient needs. Service Learning, as defined by CACMS (2015), is a structured learning experience that combines community service with preparation and reflection. The SEE will be undertaken with a Community supervisor who is situated in the community organization and a NOSM Supervisor. Both Community and NOSM Supervisors must be qualified and competent to supervise.

Approval Process: Discuss the potential Service-Learning SEE with a Community Supervisor who is situated in the community organization, and with the NOSM Service Learning, Advocacy, and Activism Curriculum Lead. Once determined eligible, this form needs to be completed, signed (digital signature or e-mail approval will suffice), and submitted to Learner Records ([records@nosm.ca](mailto:records@nosm.ca)). The NOSM Service Learning, Advocacy, and Activism Curriculum Lead will review all applications, advise on next steps, and seek final approval from the appropriate Phase Lead (Assistant Dean Phase 1 or Phase 3 Clerkship Director). *Students MAY NOT begin SEE before approval.*

1. Student(s) Name(s)

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

2. Campus \_\_\_\_\_ Year: \_\_\_\_\_

3. Student Contact Information (Lead Student, if more than one):

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ NOSM I.D.: \_\_\_\_\_

4. Community Site/Group Name: \_\_\_\_\_

5. Community Site/Group Address (complete mailing address):

\_\_\_\_\_

6. Community Site Supervisor Name: \_\_\_\_\_

7. Community Site Supervisor Contact Information:

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

8. Faculty Supervisor Name: \_\_\_\_\_

9. Faculty Supervisor Title & Qualifications: \_\_\_\_\_

10. Faculty Supervisor Contact Information:

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

11. Does a close personal or professional relationship exist between the student and Community Site Supervisor and/or the Faculty Supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please describe the nature of the relationship:

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

12. SEE Start Date: \_\_\_\_\_

13. SEE End Date: \_\_\_\_\_

**Project Title:**

\_\_\_\_\_

**Project Description\*** (Please see the Notes below):

**Responsibilities:**

**Student:**

1. Fulfill your agreement as to your duties, hours, and responsibilities to the Project to the best of your ability.
2. Attend and participate in all meetings with your Community Site Supervisor and Faculty Supervisor, and notify them of any concerns about the placement.
3. Ensure confidentiality of any information attained in this placement.
4. Be professional - punctual, polite, and respectful of agencies' policies, rules, and regulations.
5. It is the student's responsibility to return this completed form to the NOSM Service Learning, Advocacy, and Activism Curriculum Lead.
6. No research or data will be conducted as part of this SEE.

**Community Supervisor:**

1. Orientation of the student to the organization and work site, ensuring that the student understands any safety concerns.
2. Provide regular and ongoing direction, communication, and feedback for the student so he/she can complete the project successfully.
3. Provide the resources noted above that are needed for the project.
4. Provide feedback to students regarding their performance.

**Faculty Supervisor**

1. Provide supervision of students regarding their performance.

**I have read and agree to the information in this document.**

Disclosure from the Student, Community Supervisor, and NOSM Faculty Supervisor: By signing this form, I hereby certify that I have no conflict of interest which may affect work on this project and that the project will be carried out in accordance with all relevant policies and regulations.

Student Name (Please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Supervisor (Please print): \_\_\_\_\_

Community Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOSM Supervisor (Please print): \_\_\_\_\_

NOSM Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Project Description Notes:**

*Please describe your SL-SEE Project in 500 words, or less, using the points below as guidelines.*

- Articulate a basic understanding of the community culture, the population that is being served and the larger community where the project is taking place.
- How will you measure the impact this project has on the community? (identify 4-5 goals for the Project using the SMART criteria – Specific, Measurable, Achievable, Realistic, and Time-specific)
- Roles and responsibilities of each student must be clearly outlined.
- Describe how the Project is meeting the community's need and will benefit the community.
- Describe the communication you have had with the Community Supervisor to start this Project.
- How will you deliver feedback to the community partner?
- What learning objectives do you anticipate covering during this Project? (see Theme 1)
- Note that no research can be conducted as part of an SEE – Service and Learning. If you wish to conduct research please apply for an SEE – Research and Teaching.

## Approvals

NOSM Service Learning, Advocacy, and Activism Curriculum Lead:

I, \_\_\_\_\_, have read and, if necessary, discussed the above SEE – Service Learning Application with the students and the Community Site Supervisor and I approve of this Project.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Is the activity beneficial to the student's medical education?	___ Yes ___ No
Is the activity appropriate for the student's stage of learning?	___ Yes ___ No
Is the activity properly supervised?	___ Yes ___ No
Have any health and safety concerns been sufficiently addressed?	___ Yes ___ No
Have any perceived or actual conflicts of interest been declared and addressed?	___ N/A ___ Yes ___ No

As the NOSM Service Learning, Advocacy, and Activism Curriculum Lead, I have read, and if necessary, discussed the above SEE – Advocacy and Leadership application with the student and/or faculty supervisor, and I approve this activity.

Curriculum Lead: \_\_\_\_\_ Date: \_\_\_\_\_

Phase Lead: \_\_\_\_\_ Date: \_\_\_\_\_