



## Phase 3 Non-Clinical Elective Application and Approval Form

A Phase 3 Non-Clinical Elective must be supervised by a faculty member who has the appropriate qualifications and experience to supervise the activity. Non-clinical electives will not include clinical care in any setting or research activities.

**Approval Process:** For non-clinical electives, this form needs to be completed and signed by the student. Approval is to be obtained by the faculty supervisor (digital signature or e-mail approval will suffice). Submit completed and signed form to Learner Records ([records@nosm.ca](mailto:records@nosm.ca)) who will obtain appropriate approval from Phase 3 Director. *Student MAY NOT begin Elective before approval is obtained from Phase Director.*

1. Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Year: \_\_\_\_\_
2. Student Contact Information:  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ NOSM I.D.: \_\_\_\_\_
3. Title of Project: \_\_\_\_\_
4. Location of Elective: \_\_\_\_\_
5. Faculty Supervisor Name : \_\_\_\_\_
6. Faculty Supervisor Contact Information:  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Does a close personal or professional relationship exist between the student and supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please describe the nature of the relationship:
8. Number of Weeks: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_
9. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Description of Phase 3 Non-Clinical Elective**

In 250 words or less please describe the Phase 3 Non-Clinical Electives using the following headings:

(a) Goals

(b) Activities including timelines and milestones.

(c) Relevance to medicine

(d) Resources that are required e.g. rooms, IT

**Agreement of Student**

As a NOSM student I agree to abide by all applicable NOSM policies and procedures, and I agree to follow the directions of the faculty supervisor. I will immediately report any injuries or safety concerns to my faculty supervisor.

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

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

**Agreement of Non-Clinical Elective Supervisor**

As the faculty supervisor for this activity, I have read and agree to the information in this application form. I acknowledge and agree to the role of supervisor and complete the assessment forms. *(E-mail stating consent is accepted)*

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

Faculty Signature: \_\_\_\_\_

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

**OFFICE USE ONLY**

**Phase 3 Clerkship Director:**

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

If applicable, have any perceived or actual conflicts of interest been declared and addressed?  Yes  No

I approve this activity

OR

I approve this activity conditionally pending receipt of required documentation (application should be resubmitted when this has been received).

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