



# THE UNIVERSITY OF THE WEST INDIES

SCHOOL OF CLINICAL MEDICINE AND RESEARCH, THE BAHAMAS

Shirley Street, P. O. Box GT-2590, Nassau, The Bahamas

Tel: (242) 322-2861 ext 2667/2675 • Tel/Fax: (242) 356-5289 • Email: fmsuwibahamas@coralwave.com

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## Clerkship Elective Application Form

**NOTE: Applications must be received at least ONE MONTH PRIOR to proposed date of elective (\$50.00 late fee). A \$200.00 fee for Bahamian Students, \$400.00 for Non Bahamian Students payable to The University of the West Indies, must accompany this application. If the University of the West Indies is unable to provide elective requested, a full refund is issued. Application fee is non-refundable if student cancels or does not show. Electives will not be confirmed by telephone.**

Your email address \_\_\_\_\_

NAME: \_\_\_\_\_  
Surname First Name Middle Initial

ADDRESS: \_\_\_\_\_

YOUR MEDICAL SCHOOL & ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

LENGTH OF MEDICAL COURSE: \_\_\_\_\_(years) EXPECTED GRADUATION DATE: \_\_\_\_\_

COMPLETED CLINICAL MEDICAL EDUCATION PRIOR TO PROPOSED ELECTIVE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

UNIVERSITY TRAINING/DEGREES (Prior to Medical School) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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CLERKSHIPS REQUESTED (In Order of Preference):	DATES (Month/Day/Year)
1. _____	____/____/____ to ____/____/____
2. _____	____/____/____ to ____/____/____
3. _____	____/____/____ to ____/____/____



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BRIEFLY DESCRIBE YOUR GOALS AND OBJECTIVES FOR EACH ELECTIVE LISTED (Attach sheet if necessary.)

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**PLEASE COMPLETE THE FOLLOWING IF YOU ARE NOT AFFILIATED WITH ANY CAMPUS OF THE UNIVERSITY OF THE WEST INDIES:**

HAVE YOU EVER LIVED OR TRAVELLED TO THE BAHAMAS?       YES     NO

IF YES, WAS THIS FOR THE PURPOSE OF MEDICAL TRAINING?       YES     NO

IF YES, PLEASE PROVIDE DETAILS \_\_\_\_\_

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I understand that by making application for a clerkship elective with The University of the West Indies School of Clinical Medicine and Research, The Bahamas, I am declaring that I have had no previous clerkship elective period in any affiliated Bahamian teaching hospital that is not indicated above.

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SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**REVERSE OF THIS FORM TO BE COMPLETED BY YOUR DEAN'S OFFICE**



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THIS SECTION IS TO BE COMPLETED BY THE DEAN OF YOUR MEDICAL UNIVERSITY OR HIS/HER DESIGNATE. A LETTER OF SUPPORT FROM THE DEAN MUST ACCOMPANY THIS APPLICATION.

COMPLETED APPLICATION MUST BE SENT:

**VIA AIRMAIL TO:**

Office Manager  
The University of the West Indies  
School of Clinical Medicine and Research  
P. O. Box GT2590  
Nassau, The Bahamas

**OR**

**VIA FEDEX/DHL/UPS TO:**

Office Manager – Tel/Fax: (242) 356-5289  
The University of the West Indies  
School of Clinical Medicine and Research  
PMH Compound, Shirley Street  
Nassau, The Bahamas

I CERTIFY THAT \_\_\_\_\_ IS A REGISTERED STUDENT AT \_\_\_\_\_  
\_\_\_\_\_ IN THE \_\_\_\_\_ YEAR OF A \_\_\_\_\_  
- YEAR PROGRAM LEADING TO A \_\_\_\_\_ (DEGREE)

Malpractice Insurance covers the student away from our school while taking approved elective. Yes \_\_\_\_\_  
(If unable to obtain malpractice insurance coverage, please state reason)

Assessment of applicant's **ACADEMIC ABILITY** is: \_\_\_\_\_ below average / average / above average  
Assessment of applicant's **CLINICAL ABILITY** is: \_\_\_\_\_ below average / average / above average

Please rate applicant's EXPERIENCE and SENIORITY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General assessment of applicant's CHARACTER AND CONDUCT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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If other than Bahamian, please indicate  
Applicant's knowledge of spoken English: \_\_\_\_\_

Applicant's knowledge of written English: \_\_\_\_\_  
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Is there any further information you think might be relevant to this student's application?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

MEDICAL SCHOOL: \_\_\_\_\_

School Seal

DATE: \_\_\_\_\_



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## **Important Information**

1. All arrangements for electives must be made **DIRECTLY** with this office. Direct contact with a Department does not constitute acceptance to the elective.
2. Your application fee must accompany your completed application and should be forwarded to this office at least one month prior to the proposed beginning date of your elective
3. A letter from your Dean supporting your application must accompany your documents and bring a copy with you as part of your travel documents.
4. You may apply for an elective experience in the Bahamas of **four (4) weeks minimum** and a **maximum of eight (8) weeks**.
5. Visiting students must be in their **final year** of clinical studies at the time of the elective.
6. Visiting students are required to produce written proof of immunization and/or immunity against Measles, Mumps, Diphtheria, Varicella, Hepatitis B, Tetanus, Polio, and Rubella. Visiting students are also required to produce written evidence of TB skin testing results and/or chest x-ray.
7. Visiting foreign applicants are required to show proof of competency in English. This may be done in either of two ways:
  - a) Be registered in a University or college where English is the principal language.
  - b) If English is not the principal language at your university or college, then you must submit the results of the Test of Spoken English (TSE) with a score of at least 50. Please contact your respective university for further information regarding this test.
8. Your application must show definite dates from the beginning to the end of the elective time you have available.
9. Changes to electives arranged will not be accommodated beyond 2 weeks to the start date of the elective. Requests for changes must be made in writing.
10. We offer no remuneration or financial aid for electives.
11. **EACH STUDENT MUST BE COVERED WITH ADEQUATE HEALTH AND LIABILITY INSURANCES.** VERIFIABLE PROOF SHOULD BE SUBMITTED WITH THIS FORM.



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**Important Information (contd.)**

**12. Accommodations will NOT be arranged by this office.**

Below is a list of small hotels/guest houses which have provided housing for some Elective Students:-

**Park Manor Hotel** - 242-356-5471 or 242-356-7452 [www.parkmanorhotel.com](http://www.parkmanorhotel.com)

**Dillet's Guest House** - 242-325-1133 - [www.islandeaze.com](http://www.islandeaze.com) email: [dillets@batelnet.bs](mailto:dillets@batelnet.bs)

**Red Carpet Inn** - 242-393-7981 or 242-393-9055 – [www.redcarpetinnbahamas.com](http://www.redcarpetinnbahamas.com)

**The Colony Club** - 242-325-4824 or 242-326-6061 – [www.colonyclub.net](http://www.colonyclub.net)

**Mrs. Cynthia Holmes** – 242-322-4314

**OR** visit [www.bahamas.com](http://www.bahamas.com) for further information on accommodations.

13. It is the responsibility of visiting students to obtain all necessary visas for entry into The Bahamas from the Bahamian Consulate in the country of study. Visas cannot be obtained when in The Bahamas.

**14. Accepted students must report to the Administration section of the University of the West Indies School of Clinical Medicine and Research located at the Main entrance of Princess Margaret Hospital, Shirley Street within two days of the elective. Please present a photograph so that an identification badge can be prepared.**

**15. The hospital attire is professional dress and you are required to bring a white lab coat.**

**REMEMBER**

**ALL Documentation and fees must be received before your application can be processed.**