



**UBC DEPARTMENT OF FAMILY PRACTICE  
POSTGRADUATE PROGRAM  
ELECTIVES REQUEST FORM**

All residents must complete this form prior to arranging any elective experience

*This information will facilitate the Residency Office to generate a letter to the appropriate department or hospital.  
A copy is placed in the resident's file.*

Resident's Name: \_\_\_\_\_

Home Training Site: Abbotsford/Mission \_\_\_\_\_

Site Coordinator: Ann Douglas

Email: [ann.douglas@fraserhealth.ca](mailto:ann.douglas@fraserhealth.ca)

Site Directors: Dr. Holden Chow or Dr. Thanh Luu

Email: [J.Holden.Chow@fraserhealth.ca](mailto:J.Holden.Chow@fraserhealth.ca) or [tluuu@hotmail.com](mailto:tluuu@hotmail.com)

**ELECTIVE INFORMATION:**

1. Name of elective rotation: \_\_\_\_\_

2. Location of elective: \_\_\_\_\_

3. FULL Name of  
Supervisor/Preceptor: \_\_\_\_\_

4. Contact information of supervisor/preceptor:

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Elective Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

6. Days Away During Elective Time (vacation, conferences, mandatory educational experiences, etc.):

\_\_\_\_\_

**RESIDENT'S OBJECTIVES FOR ELECTIVE:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**OBJECTIVES APPROVED BY:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Site Director (signature)**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Rotation Supervisor/Preceptor (signature)**

**NOTE:** *The Family Medicine Postgraduate Program is committed to the clinical and personal wellness and safety of its residents. Should a preceptor or resident have any questions or concerns regarding wellness during an elective away from the home site, please contact the home Site Director and Site Coordinator. The Program Director and Senior Administrator in the central office at UBC can also be contacted <https://postgrad.familymed.ubc.ca/about/contacts/>.*

**FOR INTERNATIONAL ELECTIVES:**

(A separate letter is required from Site Director/Program Director as per requirement by BC College of Physicians and Surgeons - refer to policy on Int'l elective):

**letter from Site Director/Program Director** **Date:** \_\_\_\_\_