



**COLLEGE OF PHYSICIANS & SURGEONS OF BRITISH COLUMBIA**

**CLINICAL TRAINEESHIP  
Agreement**

**PURPOSE OF CLINICAL TRAINEESHIP** is to afford an educational experience, for a limited duration, in an appropriate setting such that the physician may upgrade, enhance or maintain their clinical skills and competence, to aid in preparation for the Medical Council of Canada examinations and to familiarize themselves with the clinical and ethical requirements of the Canadian medical system. The total duration of the educational experience is not to exceed 3 years. Licensure is issued for one year renewable annually.

**Name of Applicant:** \_\_\_\_\_

**Name of Supervising Physician(s):** 1. \_\_\_\_\_

2. \_\_\_\_\_

**Benefits & Goals:**

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

**Duration:**

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

**Responsibilities of the Trainee:**

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

**Site:**

\_\_\_\_\_

**Supervision:**

The sponsoring/supervising physician acknowledges that by signing below he/she will be responsible for the supervision of any clinical contact by the clinical trainee with patients. Furthermore any activities based on clinical judgement i.e. procedures/activities will updated be directly overseen by the supervising physician or designate.

\_\_\_\_\_

**Signature of the Applicant:**

\_\_\_\_\_

**Signature of Supervising Physician:**

\_\_\_\_\_

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