



McGill

School of Undergraduate
Medicine Medical Education

VISITING STUDENT ACCEPTANCE FORM

I, _____, residing _____
in the city of _____ wishing to gain practical experience in (discipline) _____
at McGill School of Medicine, Undergraduate Medical Education and in
consideration of the training that I will receive as a result of the agreement between McGill University and its affiliated host
institution ("Institution"), and the home university, hereby agree to the terms and conditions below:

I will undertake such functions and responsibilities consistent with the student training program approved by McGill University and its teaching institutions, and which McGill may specify from time to time.

1. I understand that as a visiting student of McGill University, I remain subject to the rules, [Policies & Procedures](#) of UGME policies, including but not limited to, those contained in the [Charter of Students' Rights](#).
2. I understand that should I violate McGill's or its teaching institutions' policies or procedures, or demonstrate unprofessional or unethical conduct, or not be able to perform my duties at the level expected of me, McGill University or its teaching institutions may terminate my work experience. I have read the [Student Professional Behaviors Policy](#) and the [Code of Conduct](#).
3. I shall keep confidential all information shared with me during the work experience by the Institution. I agree to adhere to the [Guidelines for Medical Students in Social and Other Media](#) [students-public](#).
4. I shall acquaint myself with the policies and procedures of the Institution as well as the health and safety requirements to perform my tasks. I have read [Accidental Exposure Procedure](#) and [Infection Control Precautions](#). I agree to follow the procedures contained therein.
5. I will carry sufficient personal accident and health insurance. My home university will provide liability insurance, which includes contingent medical malpractice coverage. If not covered by my university, this has been indicated by my home institution in the verification form, and I understand that I will need to procure Comprehensive General Liability that includes incidental malpractice.
6. I will not cause McGill and its teaching institutions to incur any expense, including but not limited to: telephone, telecommunications, and transportation, and I will promptly and fully reimburse McGill University and its teaching institutions for any expenses.



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7. I will be responsible for all my expenses, and I hereby declare that I am financially capable of meeting such expenses incurred on my behalf.
8. I will not engage in any occupation or trade, whether paid or unpaid, while on the work experience.
9. I hold McGill University and its Institution harmless from any claims, demands or actions of any kind, and shall indemnify McGill University and its Institution from any loss or expenses incurred, and accept full responsibility for my participation in the work experience.
10. If accepted for an elective, I authorize McGill University to forward my information to the [Collège des médecins du Québec](#). (This item **is** not applicable to students at Quebec medical schools as they are already registered with the CMQ).
11. If accepted for an elective at McGill University, I understand that it is my responsibility to provide my Collège des médecins du Québec registration number to my supervisor/hospital department so that they can bill the Régie de l'assurance maladie du Québec (RAMQ) for teaching activities.
12. I attest that if I am accepted to undertake an elective in a McGill rural site and Campus Outaouais, I am able to speak, write and read English and French fluently.
13. I attest that if I am accepted to undertake an elective in an urban site, I am able to speak, write and read English fluently and I possess a working knowledge of French (spoken, written and read). I understand that if I do not possess the requisite level of French language skills:
 - I will need to be able to address patients in French to refer them to another team member as shown in this video [Effectively Communicating Language Assistance for French Patients](#)
 - My clinical exposure during this visiting elective may be limited.

Signature: _____

Date: _____