



ELECTIVES APPLICATION FORM

This form should be filled electronically and emailed to electives@acm.edu.gh

Please attach a passport size photograph to the Application Form

Section 1: Contact Information and Medical School/Residency Program Details

Surname (*Print*) First name (*Print*)
 Home Address
 Email Address Phone Number:
 Date of Birth Sex: Male Female
 Nationality
 Are you A Resident Medical Student
 Name of Medical School/Residency Program
 Address Of Medical School/Residency Program
 Expected Graduation Date: Current Year
 Rotations undertaken:

Languages Spoken and Written (In order of proficiency)

(i) (ii) (iii)

If instruction is not in English I have taken the following English language test e.g. TOEFL, IELTS:

Date of test: Score achieved:



Section 2: Elective Preferences:

ACM does not have a definitive list of available electives. Please list your areas of interest and we will endeavour to accommodate you. List three preferences.

(1) (Date) From To Year

(2) (Date) From To Year

(3) (Date) From To Year

Prerequisite: completion of basic clerkship in elective speciality. Basic clerkship grade is required on official transcript.

- 1. This elective is a requirement for your graduation Yes/No
- 2. Do you require official report on completion of electives? Yes/No
- 3. Do you require accommodation? Yes/No

Section 3: Immunisations

Vaccinations Taken (Hepatitis B, Yellow Fever, Tetanus, Covid-19)

- a) Name of Vaccine:
Dates of Vaccination (A) (B)
- b) Name of Vaccine:
Dates of Vaccination (A) (B)
- c) Name of Vaccine:
Dates of Vaccination (A) (B)

iii) Upload a Photograph of Vaccination

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Section 4: Approval.

To be completed by the Dean of Medical Faculty (or comparable official) at medical school/residency program where the student/resident is enrolled.

The resident/medical student named above is in good standing at this institution and has approval to take the elective. The student/resident is due to graduate in the year . The student [is] [is not] covered by student health insurance. At the conclusion of the elective, an evaluation report [is] [is not] required and our evaluation form [is] [is not] attached.

Name (Print)		OFFICIAL STAMP
Title		
Medical School/Residency Program		
Address		
Date		
Signature		

Section 5: Students Declaration

1. I accept and will abide by all applicable ACM policies, procedures and regulations, such as the Student Code of Conduct during my visit to ACM.
2. I understand and hereby agree that all information acquired through my work at ACM is confidential to ACM and I hereby undertake not to release any such information either during the term of my visit or thereafter to any third parties provided that this obligation of confidentiality shall not apply to information that is or becomes known to the public generally, other than through a breach of my obligations as set out in this agreement.
3. I accept that ACM shall be entitled to withdraw its permission for use of its premises and facilities if I do anything which breaches the provisions set out above or do anything which in the reasonable opinion of ACM brings or is likely to bring ACM's name or reputation into disrepute.
4. I confirm that at the end of my visit I will return all property belonging to ACM (specifically including access/ID cards, keys etc.).

Name (Print)

Date

Signature



Section 6: Application and Supporting Documents Checklist

Please use the checklist below to insure you submit all required materials. All materials must be submitted in English. Documents submitted in a foreign language will not be processed and will render your application ineligible for review. ACM will not process an incomplete application.

<input type="checkbox"/>	Application form
<input type="checkbox"/>	One Passport sized photo
<input type="checkbox"/>	Reference and letter of good standing from the Dean of the Medical School
<input type="checkbox"/>	CV
<input type="checkbox"/>	Official transcript of examination results
<input type="checkbox"/>	Immunization records (Hepatitis B, Yellow Fever, Tetanus, COVID-19)
<input type="checkbox"/>	Code of conduct
<input type="checkbox"/>	Personal health insurance with international coverage