

# Ornge Medical Elective Request Form:

V1.1 02/23

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Training Program: \_\_\_\_\_ Level of Training: \_\_\_\_\_

A limited number of electives will be available August to May annually. With the exception of Toronto Rotor Base, electives will be available at each Ornge land and air base. Each standardized elective will be one month in length and will be comprised for the following:

- Transport Medicine Physician shifts (approximately 6 x 6hr shifts)
- Shadowing Ornge educational activities (dependent on scheduled academic events)
- Participation in Fellowship Clinical Governance Day
- Clinical ride-outs shifts in land and/or air assets (approximately 8 x 12hr shifts)

### Eligibility Criteria:

Senior resident (PGY-3 or greater) or fellow physician from the following programs:

- Emergency medicine
- Critical Care Medicine
- Applicants from other programs with an interest in pre-hospital and retrieval medicine will be reviewed on a case-by-case basis
- Trauma Surgery
- Anesthesia

### Proposed Location:

Note: electives are not available at the Toronto air base. Please rank locations.

- |   |  |
|---|--|
| <input type="checkbox"/> Toronto CCLA (Land Ambulance)          | <input type="checkbox"/> Thunder Bay (Helicopter and Airplane) |
| <input type="checkbox"/> Peterborough CCLA (Land Ambulance)     | <input type="checkbox"/> Sioux Lookout (Helicopter)            |
| <input type="checkbox"/> London (Helicopter)                    | <input type="checkbox"/> Kenora (Helicopter)                   |
| <input type="checkbox"/> Ottawa (Helicopter and Land Ambulance) | <input type="checkbox"/> Moosonee (Helicopter)                 |
| <input type="checkbox"/> Sudbury (Helicopter)                   | <input type="checkbox"/> Timmins (Airplane)                    |

### Proposed Month:

Note: Electives are not available from May 1 to Aug 1<sup>st</sup> annually. Please rank months, and provide specific dates for each block

- |  |   |
|--|---|
| <input type="checkbox"/> August _____    | <input type="checkbox"/> January _____  |
| <input type="checkbox"/> September _____ | <input type="checkbox"/> February _____ |
| <input type="checkbox"/> October _____   | <input type="checkbox"/> March. _____   |
| <input type="checkbox"/> November _____  | <input type="checkbox"/> April. _____   |
| <input type="checkbox"/> December _____  |   |