Application for Graduate Certificate in Clinical Informatics Program

Step 1 of 5

20%

Contact Details

If you have not already done so, we recommend you read the tab entitled "What you need to complete the application" on the $\underline{\text{UBC}}$ $\underline{\text{Nursing webpage}}$ and gather your materials before beginning this application.

Name (Required)	
First	Last
Ima	Student
Email (Required)	
Enter Email	Confirm Email
ima.student@gmail.com	ima.student@gmail.com
Phone (Required)	
604.123.4567	
Address (Required)	
Street Address	
123 Main Street	
Address Line 2	
City	State / Province / Region
Vancouver	BC
ZIP / Postal Code	Country
V6T 2B5	Canada

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40%	
Demographics	
Year of Birth	
1984	
Gender	
Male	
Gender Pronoun(s) (eg: she/her; he/him, they/them	
he/him	
Primary Spoken Language	
English	
Other spoken language (what other language(s) do you speak most frequently	(?)
French	
Canadian Immigration Status (if applicable)	
 Canadian Citizen Permanent Resident International Student 	
Other Countr(ies) of Citizenship (add fields if more than one)	
France	•
Do you self-identify as an Indigenous person in Canada?	
 No Yes - First Nations Yes - Métis Yes - Inuit Prefer not to answer 	
How did you find out about this program?	

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Academic History

You must list all non-UBC academic history information, including current coursework, incomplete degrees, and coursework taken under a non-degree designation. Failure to disclose your full post-secondary record is a serious matter and may result in disciplinary action.

- Please list every non-UBC post-secondary institution you have attended, starting with the most recent and including any you are currently attending.
- If you have multiple degrees from a single post-secondary institution, list each as a separate entry below.

 institution you attended while on exchange will be required. For Degree Certificates, if the official transcript does not indicate the degree name and the degree conferral date an official copy of the degree certificate is required. 	then
For International Transcript requirements please see the following for details: International Student Transcripts	
Please tell us about your previous and current post-secondary education (please select). (Required)	
 I have only attended the University of British Columbia (UBC) I have attended UBC and other post-secondary institutions I have only attended post-secondary institutions other than UBC 	
UBC Student Number	
1234567	
List the non-UBC institutions that you have attended (List one per line. Click + to add lines).	
List the non-UBC institutions that you have attended (List one per line. Click + to add lines). Douglas College	⊕⊝
, , , , , , , , , , , , , , , , , , , ,	⊕⊝ ⊕⊝
Douglas College]]
Douglas College Emily Carr University of Art and Design I completed my undergraduate degree in a University where English was used as the primary language. • Yes]⊕⊝

Yes No			
ease provide info	ormation below.		

We require 2 Academic and/or Professional references from current or former teachers or employers. Please provide the names and contact information for two referees who have agreed to submit a reference for you.

Whenever possible, be sure to use an address associated with the referee's institution or employer, and not one associated with a free email provider (such as gmail, hotmail, etc.). You can submit both Academic and Professional references although Academic references are preferred. Professional references should come from senior personnel with recognized professional designations (e.g., manager). Please enter the contact information for your referees below. We will email them to set up a process to receive their reference for you.

Please send a request to each referee and ask them to provide a free form letter or use one of the reference forms available from the Faculty of Graduate Studies: <u>Reference Letter Form</u>. If the referee is using a free form letter, please ask them to use institutional letter head for the reference letters.

Reference#1 Name First Last Jane Person Institution Name/Company/Organization **ABC Company** Job Title/Occupation Manager Address Street Address 1234 Sample Lane Address Line 2 City State / Province / Region BC Port Coquitlam ZIP / Postal Code Country V9K 6T3 Canada Website Type of Reference Academic https://ABCco.ca Professional

Reference #2

Name		
First	Last	
John	Teacher	
Institution Name/Company/Organiza	ition	
UBC		
Address		
Street Address		
#32, 1987 Wesbrook Mall		
Address Line 2		
City	State / Province / Region	
Vancouver	BC	
ZIP / Postal Code	Country	
V6T 1Z5	Canada	~
Phone	Email	
604.123.5432	John.Teacher@ubc.ca	
Website	Type of Reference	
https://ubc.ca	Academic Professional	

Attachments

Only one file can be uploaded in each category. Please combine files where appropriate.

- 1. **Statement of Intent**: Please attach a brief statement of your academic and/or professional goals and how these align with the certificate program (Statement of Intent, maximum 500 words). It should be a description of your interests and goals and how they relate to the program.

 2. Curriculm Vitae: Please upload a current Resume or Curriculum Vitae.

 3. Transcripts: Please upload your transcripts.

Max. file size: 20 MB. dmission Committee in evaluating your have already provided on this form or will uld feel no obligation to write anything
dmission Committee in evaluating your have already provided on this form or will
have already provided on this form or will
have already provided on this form or will

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Collection and Use of Personal Information

The following statement is for informational purposes and details UBC's policy on the collection and use of your personal information. Please review this information before you complete your application.

Acknowledgement on Data Collection (Required)

I have read the statement on collection and use of personal information (below).

Legal Authority: UBC collects, uses, retains and discloses personal information in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.B.C. 1996, c.165 as amended, and the University Act, R.S.B.C. 1996, c.468, as amended.

Collection: During the admissions process, and throughout your university career, UBC will collect personal information from you for the purpose of carrying out its mandate and operations.

Use: UBC will use your personal information for the purpose of carrying out its mandate and operations, including but not limited to the following purposes:

- · making decisions about your academic status, including but not limited to admission, registration, and graduation
- · providing you with ongoing service and assistance
- operating athletic_residential_alumni and other HRC-related programs and activities (including issuing HRC Card and H-Pass)

Acceptance and Agreement

Acceptance and Agreement (Required)

I agree and accept the conditions of this application (below).

I accept that if, in reading and completing this application, I knowingly or unintentionally provided untrue or incomplete information,

(a) any offer of admission, whether accepted or not, may be withdrawn by UBC;

(b) I may be required to withdraw from any course in which I am enrolled;

(c) I may be subject to academic discipline.

I agree that UBC may verify the information provided by contacting the institutions listed above or any relevant institutions not listed.

I accept that information on falsified documents is shared with the Association of Universities and Colleges of Canada. I agree, if admitted to UBC, to comply with all rules and regulations of the University, present and future.

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Payment Details

A Non-Refundable Application Fee is required for us to process your application. Please select the appropriate fee below and then visit our e-payments page to pay using a credit card.

Fee (Required)

Canadian Citizen/Permanent Residents

International

Total

\$112.00

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Proceed to UBC ePayment Site