



Teaching Selection Form

To: Denise Lavoie
Fax: (902) 473-4760

From: _____
Date: _____

- Yes, I am interested in becoming a Clinical Teacher
(please check all that apply below)

Undergraduate	
<input type="checkbox"/>	Rural Week Tutor
<input type="checkbox"/>	Med I and II Electives (must be in Saint John or Halifax)
<input type="checkbox"/>	Med I/II Tutor (For Saint John)
<input type="checkbox"/>	Med III Clerkship <input type="checkbox"/> 3 weeks <input type="checkbox"/> 6 weeks
<input type="checkbox"/>	Clerkship Electives
Postgraduate	
<input type="checkbox"/>	Family Medicine Residency Community Rotation
<input type="checkbox"/>	Family Medicine Residency Teaching/Seminars
<input type="checkbox"/>	Family Medicine Core Preceptor
<input type="checkbox"/>	Family Medicine Resident Faculty Advisor

Please refer to [Dalhousie Family Medicine Teaching Opportunities](#) for more information.

- I am interested but need more information.

Please call me at: _____