



RESIDENTS APPLICATION FORM FOR ELECTIVES

On the enclosed application, simply fill out the weeks you are going to be here, and which department you wish to rotate through on those weeks. It is possible to do a different service each week to gain a survey view of Mulago, or to do the whole month on one service if you wish a more focused experience. There is also a rural rotation available if you wish to see Ugandan medicine practiced outside Kampala as well.

Please go ahead and complete the attached application with the schedule you desire, and we look forward to seeing you here at Makerere University!

COMPLETED MAKERERE UNIVERSITY APPLICATION FORM WILL CONSIST OF:

1. Letter of recommendation signed by the Dean of the sending University.
2. Personal health insurance coverage during their study period at College of Health Sciences Makerere University and be able to show the evidence on request.
3. Hepatitis B immunization and Malaria Prophylaxis is highly desirable
4. Administrative fees , see structure below
5. Brief background statements that we can use to introduce you to your instructors.
6. Clear goals for this experience. (**Why do you want to study Medicine in Uganda.**)
7. Your recent photograph.

For further information on fees, curriculum, courses etc. please write to the Deputy principal College of Health Sciences on deputyprincipal@chs.mak.ac.ug or Coordinator, International Programmes, College of Health Sciences, Makerere University Tel: +256-41-542999 Email sbyekwaso@yahoo.com/internationaloffice@chs.mak.ac.ug



RESIDENTS' PERSONAL DATA

Name:.....

Date of Birth.....

Year of residence/Study

Area of speciality.....

Home Address:.....

Telephone no. **Email:**.....

Expected date of arrival.....

Expected date of departure.....

Insurance company.....

Insurance number and validity.....

Contact person: **Telephone no.**.....



Address.....

Objectives of the trip and appraisal of objectives

1. What are your objectives for the clerkship?

I.

.....

II.

.....

III.

Area of interest (please tick)

1) Internal Medicine

- Infectious diseases
- Pulmonology
- Endocrinology
- Neurology
- Emergency Medicine
- Oncology
- Gastroenterology
- Cardiology
- Rheumatology
- Dermatology nephrology
- Hematology

2) Surgery



- E.N.T
- Ophthalmology
- Anesthesia
- Dentistry
- Orthopedics
- Emergency Surgery
- Plastic surgery
- Neurosurgery
- Urology
- Card thorax
- Padiatrics
- General Surgery

3) Padiatrics

- Acute care unit (Emergency ward)
- Special care unit (Neo-nates)
- Nutritional Unit (Mwanamugimu).
- Sickle cell clinic
- General Padiatrics
- Pediatric Infectious Diseases unit.

4) Obsetrics&Gynaecology

- Theatre
- Emergency ward.
- Obstetrics
- Gyneacology
- Pre-natal Ward

5) Psychiatry

- Butabika Hospital
- Mulago Hospital

6) Family Medicine

- Assessment center
- Tororo training center

7) Radiology

- Others

What are your proposed activities at Mulago? **(Tick all that apply)**

- Ward rounds
- Mini-rounds
- clinical teachings sessions
- Grand rounds
- Journal clubs
- Lecture sessions
- Post mortem sessions
- Guest Lecture Series
- Tutorial sessions



- Operational research
- Ambulatory clinics Emergency care (on call)
- Others

Name of the resident

Signature

Note: If you want to conduct research, please fill in form

Appendix I: Requirements for registration with Uganda Medical and Dental practitioners council

The following documents are required for verification purposes. In the absence of the original copies, copies are certified by notary or by academic/professional institutions are acceptable.

1. University Degree/professional Medical qualification certificates.
2. Evidence of completion of internship.
3. Notarised/certified copies of Current certificates of registration in country of origin.
4. Certificates of good standing from state medical board.

In addition, the following documents and information are required;

5. Detailed Curriculum vitae
6. Reference from three (3) professional associates.
7. Evidence confirming intended employer/place of work.
8. For specialists;- Evidence of postgraduate Training of not less than three (3) years; and
9. Two (2) recent passport size photographs.
10. Dully filled in application form.

Once again application has been processed and approved; a registration fee must be paid before a certificate is issued. The amount will depend on the duration of stay while practicing medicine.

All documents written in a language other than English must be accompanied by a copy of an official translation of the document, which is duly certified by notary.

Applicants are advised to submit the duly filled-in forms and accompanying documents at least three (3) months in advance in order to allow for timely processing of requests.

Email : sbyekwaso@yahoo.com/snassaka@med.mak.ac.u

Appendix II

Guidelines for Research Proposals for approval of research to be carried at the College of Health Sciences Makerere University



The following guidelines and standards are required of all research proposals to be forwarded to the School of Medicine College of Health Sciences.

1. A letter from the sending Faculty/Institute confirming institutional review, and ethical approval
2. Inclusion of at least one supervisor/co-investigator from the College of Health Sciences.
3. The proposal should have the following format:
 - i) Title page
 - ii) Table of contents
 - iii) List of abbreviations, acronyms as well as operational definitions.
 - iv) An abstract, to include a brief background, study objectives, study design, methods, outcome measures and utility of your study.
4. Major emphasis and effort should be placed on your methodology section to include:
 - i) The research questions
 - ii) Objectives of your study
 - iii) Your detailed study design
 - iv) Details of your study setting and the study population.
 - v) Your inclusion and exclusion criteria
 - vi) Sample size estimation
 - vii) Study procedure, including a questionnaire
 - viii) Ethical considerations, including consent/assent from your study subjects and their protection from harm.
 - ix) Planned analysis of results.
 - x) Anticipated study limitations.
 - xi) Dissemination of your results
 - xii) Detailed references. It is only after all these requirements are met that the Committee will review your proposal.

Please note that the recommendations of the committee are binding.

Appendix II: Administrative fees structure



ELECTIVES AT THE COLLEGE OF HEALTH SCIENCES MAKERERE UNIVERSITY.

	Period	Amount in USD
1	Residents staying for a period of 1- 4 weeks	450
2	Residents staying for a period of 5- 8 weeks	500
3	Residents staying for a period of 9 -12 weeks	600
4	Those staying for a period of 13 -16 th weeks (As indicated on fees structure)	1081

Payment of administrative fees.

Option 1 : Remit the money on Makerere University College of Health Sciences Research before you arrive. Details of the account. This should be done 4 weeks in advance to avoid inconveniences.

DOLLAR ACCOUN

Bank: Stanbic Account (U) Ltd

Branch: **Crested Towers Branch**

Title : Makerere University College of Health Sciences Research.

ACCOUNT NO: **9030008068061**

Option 2: Deposit the money in stanbic on arrival in Uganda on registration with International office. Bank account details will be provided by international officers. You will provide a bank voucher before you start the rotation.

The student can pay the equivalent in Ugandan shillings

Appendix III

**Housing recommended by College of Health Sciences**

Guest house	Location	Single RM (Per day)	Double room (single occupancy)	Double room (double occupancy)	Dorm Rm
1) Makerere Guest House Prices are per day and in US dollars (Breakfast inclusive)	Mak. University main campus	\$45.	\$55 per day	\$ 40	\$ 20
2) Mulago Guest House	Mulago Hospital Complex	25 USD Inclusive of breakfast	30 Inclusive of breakfast	18 Inclusive of breakfast	15 USD Triple occupancy
3) Edge House No. 37 Email: namukasajosephine2018@gmail.com	Mak. University	US\$15	US\$20	US\$15	US\$15
4) Kisa House	Mawanda road	USD 15	USD 25	USD 15	N/A
5) MakCHS project house hakimks@gmail.com	Naguru	US\$ 15			
6) Aryan Hostel	Wandegeya	Prices are per semester			
Please ask your for the payment terms and the total amount at least 2 days on arrival		300			



Note:

- ✓ **Indicate your preferred place of accommodation so that we confirm your booking.**
- ✓ **Send us your flight details as soon as possible**