

Application for Waiver of Training Following a Leave of Absence from Residency

Name of Resident: _____

Residency Program: _____

Start Date of resident in the program: _____

Anticipated completion date for resident (in the absence of waiver of training): _____

Current year (PGY level) of resident in the program: _____

Dates of Leave: Date commencing leave: _____

Date of return to service: _____

Total duration of leave (months): _____

Reason for Leave:

Has this resident ever failed a rotation: Yes No

Has this resident ever required a period of remediation or probation: Yes No

Date of certification examinations: _____

**** NOTE:** Waivers cannot be granted after the resident has taken the Royal College certification exams **

I, _____, Program Director, on behalf of the Residency Training Committee, consider this resident to have successfully completed all competencies set out by the Royal College/College of Family Physicians of Canada and recommend that _____ (months or weeks) of her/his residency training be waived.

New program proposed end-date: _____

Program Director's signature: _____ Date: _____

Postgraduate Dean's signature: _____ Date: _____

Postgraduate Records: _____ Date: _____

Please include a brief summary of the information on which you have based this recommendation (eg. ITERs, national in-training examinations, OSCEs, peer assessments, abstracts, publications). Your summary should describe the resident's performance based on the CanMEDS/Four Principles of Family Medicine criteria. You may include copies of any relevant documents. Please also provide any other information you feel makes this resident's application for waiver of training satisfy the requirement of competency.

Please return form to pgmedesk@dal.ca

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