

Postgraduate Medical Education

REQUEST FOR PART-TIME RESIDENCY TRAINING

This form is to be completed by Program Directors on behalf of any resident who requests parttime residency training. The request for part-time training must be done in advance of any change to a resident's FTE outside of a 1.0FTE.

Requirements:

- The resident must provide a reason for the part-time request to the Program Director (i.e., family responsibility)
- Form must be approved by all three parties Program Director, Resident, and Associate Dean.
- An updated syllabus for the applicant's entire program (full- and part-time components) must be provided by the Program Director.
- Part-time commitment must equal at least .5 FTE.

For more information regarding part-time training please refer to <u>Part-time Residency Training</u> (principles and conditions) on the PGME website.

REQUEST FORM

Resident Name: Please print complete name		
Specialty:		
Name of Program Director:		
1) At what PGY level of training and percentage is the applicant applying for part-time training?		
PGY:	Percentage (%) of time:(e.g., 50%)	
2) Start and end dates of the part-time training:		
Start date: / / day month year	End date: / / day month year	

3) Advancement to next PGY level date: / / / (*If applicable*) day month year

4) Revised end of training date for the entireresidency:

_ / day month year

5) This request is at least equivalent to that of other residents in the program and that the total educational experience is fully equivalent to normal full-time residency:

Yes__No ____

6) Please provide the reason for request of part-time training:

Please attach a syllabus for the applicant's entire program, including both part-time and full-time components.



DECLARATION

I, Dr._____certify that the supervision and assessment of the part-time resident is at least equivalent to that of other residents in the program and that the total educational experience is fully equivalent to normal full-time residency.

Signature of Resident	Date
Signature of Program Director	Date
Signature of Post-Graduate A. Dea	n Date
Enclosure – syllabus	
Please send completed form to:	ogmerecords@dal.ca Resident Records Unit

Postgraduate Medical Education Office Dalhousie University – Faculty of Medicine