



**DALHOUSIE
UNIVERSITY**

**Postgraduate
Medical Education**

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. Dean

Date

Enclosure – syllabus

Please send completed form to:

pgmrecords@dal.ca
Resident Records Unit
Postgraduate Medical Education Office
Dalhousie University – Faculty of Medicine