

## REQUEST FOR PART-TIME RESIDENCY TRAINING

Name of resident applying for part-time training:

\_\_\_\_\_  
Please print complete name

Specialty: \_\_\_\_\_

University: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

\_\_\_\_\_  
Please print

This form is to be completed by program directors for residents who request part-time residency training. The request for part-time training must be done in advance, the resident must give a reason why part-time residency training is being requested (i.e. family responsibility) and must be approved by the program director as well as the Postgraduate Dean. A 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 50 percent of that of a full-time resident.

1. At what level of training is the applicant applying for part-time training?

Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  
PGY-1 PGY-2 PGY-3 PGY-4 PGY-5 PGY-6 PGY-7 PGY-8

2. Please state the start and end dates of the part-time training:

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year day month year

3. Please provide revised end of training date for the entire residency:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

4. 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 \_\_\_\_\_

5. Please provide the percentage (%) of time: \_\_\_\_\_

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

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7. 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 Dean

\_\_\_\_\_  
Date

Enclosure - syllabus