DALHOUSIE UNIVERSITY

Postgraduate
Medical Education

Request for Waiver of Training (Following a Leave of Absence)

To be completed by the Program Director and submitted to: pgmedesk@dal.ca

Name of Resident: _____

Residency Program: _____

Current PGY level: _____

Current Program End (without waiver applied): _____

Dates of Leave: _____

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 examination(s):_____

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 their residency training be waived.

New program end date: _____

Program Director signature: _____ Date: _____

Postgraduate Dean signature: _____ Date: _____

Postgraduate Records signature: _____ Date: _____