

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

APPLICATION FOR WAIVER OF TRAINING
AFTER A LEAVE OF ABSENCE FROM RESIDENCY

Resident Name (last name, first name):

Residency Program:

Start Date of Resident in Program: Current Year in Program: Choose Year

Anticipated Completion Date for Resident (in the absence of waiver of training):

Anticipated Completion Date for Resident (with approval of waiver of training):

Start Date of Leave: Last Date of Leave:

Type of Leave: Choose Type of Leave Total Duration of Leave:

Number of clinical rotations during the residency program:

Percent of clinical rotations on which the resident was rated as "exceptional":

Table with 3 columns: Question, NO, YES. Contains 5 rows of questions regarding resident completion of requirements, exceptional ratings, competency demonstration, rotation failures, and remediation periods.

I, (click to enter program director name), have reviewed the relevant RCPC or CFPC Waiver of Training Policy and believe this resident to be eligible for the waiver. Further, I consider this resident to be exceptional and recommend that (choose number) (choose one) of her/his training be waived.
Signature of Program Director: Date:
Signature of Postgraduate Dean: Date:

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