

# APPLICATION FOR A CLINICAL ROTATION AT A NON-ACCREDITED SITE

  
Collège des médecins du Québec  
Medical Education Division  
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## CANDIDATE'S PROFILE

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ R number: \_\_\_\_\_

Level: ☐ R1 ☐ R2 ☐ R3 ☐ R4 ☐ R5 ☐ R6 ☐ R7 ☐ R8

University: ☐ Laval ☐ McGill ☐ Montréal ☐ Sherbrooke Student Identification\*: \_\_\_\_\_

Program: \_\_\_\_\_

## TRAINING SITE (NON-ACCREDITED SITE)

Name of Site/Health care institution  
(hospital, CLSC, CHSLC...): \_\_\_\_\_

Address\*: \_\_\_\_\_

Clinical rotation: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
yyyy/mm/dd yyyy/mm/dd

Rotation supervisor\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

CMQ Permit No.\*: \_\_\_\_\_

Site Supervisor \*: \_\_\_\_\_

\* Optional, according to the faculty requirements. Please contact the Associate Dean's office.

## CLINICAL ROTATION

A) Description of purpose and specific objectives for this rotation:

B) ☐ One-time event (Ironman, Grand Prix...)

C) Number of periods already completed at a non-accredited site, excluding the periods concerned by this application:

### FOR CLINICAL ROTATIONS OUTSIDE QUÉBEC:

In our capacity as university officers, we confirm that with reference to the above-mentioned objectives, this clinical rotation:

- is less or not available in Québec ☐ Yes
- is used to pursue any other competency related to his/her professional career ☐ Yes

The program director has validated the compliance of the clinical rotation with the training objectives of the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada. ☐ Yes

D) Comments:

## APPROVAL OF THE CLINICAL ROTATION BY THE PROGRAM AND FACULTY

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Director yyyy/mm/dd

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Associate Dean of Postgraduate Medical Education yyyy/mm/dd

## FOR CMQ USE

☐ Approved Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Refused \_\_\_\_\_ Medical Education Division \_\_\_\_\_  
yyyy/mm/dd

## GUIDELINE TO THE FACULTIES OF MEDICINE OF QUÉBEC UNIVERSITIES REGARDING CLINICAL ROTATIONS AT NON-ACCREDITED SITES

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As part of a postgraduate training program, clinical rotations may be completed at a non-accredited site in Québec or outside Québec and be recognized by the Collège des médecins du Québec (CMQ) under the following conditions:

1. The total length of clinical rotations outside Québec must not exceed 60 days for Family Medicine residents and must not exceed 180 days of the total length of training\* for residents registered in another specialty. The total length of these clinical rotations may vary depending on each university's specific faculty policies.
2. A clinical rotation at a non-accredited site, in Québec or outside Québec, must previously be approved by the Program Director and the Associate Dean of Postgraduate Medical Education of the faculty and meet the following criteria:
  - a. A supervisor has been clearly designated for the clinical rotation;
  - b. The training objectives are clearly defined and understood;
  - c. The in-training assessment system is clearly defined and the resident is assessed based on the training objectives of the clinical rotation;
  - d. The clinical rotation meets the specific training requirements of the specialty.
3. The Associate Dean's Office of Postgraduate Medical Education must send the "Application for a clinical rotation at a non-accredited site" to the CMQ's Medical Education Division **at least 60 days before the start of the clinical rotation**.
4. Residents must note that completing a clinical rotation outside Québec that does not comply with the rules described in paragraph 1 will result in the interruption of payment by the Régie de l'assurance maladie du Québec (RAMQ) and the withdrawal of professional liability insurance coverage. Residents must ensure that they have appropriate insurance coverage. Residents will have to be made aware of the fact that they must consult the website of the Fédération des médecins résidents du Québec (FMRQ) at [www.fmrq.qc.ca](http://www.fmrq.qc.ca) to obtain further information regarding liability insurance.

\* "Total length of training" includes both years of training in a core program (Internal Medicine or Pediatrics) and subsequent years of training in any other "subspecialty".