

McGill POSTGRADUATE MEDICAL EDUCATION WAIVER APPLICATION FORM

Section 1: Identification	
Last Name	First Name
McGill ID	Start Date in Program
Residency Program	Current Level in Program
Is the trainee sponsored? Yes No	If yes, who is the sponsor?
Current Completion Date in Program	Anticipated Completion Date for Resident (if approval of waiver of Training)
Section 2: Leave	
Start Date	End Date
Total Duration	Type:
Section 3: Performance	
Is the resident's overall performance in most CanMeds roles rated as superior?	Y N
Has this resident completed or expected to complete all the required non-rotation-based learning/educational requirements (scholarly work, for example)?	Y N
Were there any concerns about the academic, professional, behavioural, or ethical performance of the resident?	Y N
Has the resident ever received a global borderline or unsatisfactory grade for a rotation?	Y N
Has this resident ever required remediation?	Y N
Was the resident's overall performance reviewed, and the waiver approved by the Program Promotions/Competence Committee?	Y N
Section 4: Program Director's Attestation	
I, _____ have reviewed the relevant RCPSC 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 _____ weeks of his/her training be waived.	
Signature of Program Director	Date
Section 5: PGME Approval	
Signature of PGME Assistant Dean Admissions, Equity, Enrollment	Date
Signature of PGME Associate Dean	Date