

Postgraduate Medical Education Formation médicale postdoctorale

Faculty of Medicine and Health Sciences Faculté de médecine et des sciences de la santé

McGill University Université McGill

680 Sherbrooke West, suite 1701 680 Sherbrooke Ouest, suite 1701

Montreal, Quebec Montréal, Québec

Canada H3A 2M7 Canada H3A 2M7 pgrecords.med@mcgill.ca

**McGill POSTGRADUATE MEDICAL EDUCATION WAIVER APPLICATION FORM**

**Section 2: Leave**

Start Date (MM/DD/YYYY):

End Date (MM/DD/YYYY):

Total Duration (MM/DD):

Type:

**Section 1: Identification**

Last Name:

First Name:

McGill ID:

Residency Program:

Start Date in Program:

Current Level in Program:

Current Completion Date in Program (MM/DD/YYYY):

Anticipated Completion Date for Resident (*if approval of* waiver of training): (MM/DD/YYYY):

**Section 3: Performance**

* Is the resident’s overall performance in most CanMeds roles rated as superior? Y**es ☐ No☐**
* Has this resident completed or expected to complete all the required non-rotation based learning/educational requirements (scholarly work, for example)? **Yes ☐ No☐**
* Were there any concerns about the academic, professional, behavioural, or ethical performance of the resident? **Yes ☐ No☐**
* Has the resident ever received a global borderline or unsatisfactory grade for a rotation? **Yes ☐ No☐**
* Has this resident ever required remediation? **Yes ☐ No☐**
* Was the resident’s overall performance reviewed and the waiver approved by the Program Promotions/Competence Committee? Y**es ☐ No☐**

**Section 4: Program Director’s Attestation**

*I*, have reviewed the relevant RCPSC or CFPC Waiver of Training Policy and believe this resident to be

*Program Director*

eligible for the waiver. Further, I consider this resident to be exceptional and recommend that (***enter number of weeks***) of her/his training be waived.

Signature of Program Director: Date (MM/DD/YYYY):

Signature of PGME Associate Dean: Date (MM/DD/YYYY):

*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 “superior resident.”*