

Transfer and Change of Program Request Resident Consent Form

Information on Trainee:

Last Name: _____

First Name: _____

Current Residency Program: _____

Level: _____

Email: _____

Information on program applying for:

** Trainees applying within Québec can select one program only.
Trainees applying for outside of Québec may select more than one program per school*

School
(please see list in footnote¹) _____

Program: _____

Program: _____

Program: _____

In conjunction with my request, I give permission for the following information to be provided to the PGME Office I selected above:

- My name
- ITER's
- Summary of Training Record (which includes leaves from the program)
- Summary from the PGME Office regarding any remediation and outcomes. If there are ongoing investigations / appeals in progress, the other school will be notified.
- CaRMS file for trainees applying within Québec

I understand that these documents are required in order that my application for transfer or a change of program can be reviewed by the program. These documents will be provided to the target program(s) to which I am applying.

Trainee's signature

Date

¹ University of Toronto, University of British Columbia, University of Ottawa, Queen's University, University of Western Ontario, Dalhousie University, University of Alberta, Saskatchewan University, Memorial University, University of Montreal, Laval University, McMaster University, University of Manitoba, University of Northern Ontario (NOSM), University of Calgary, Sherbrooke University.