

REQUEST FOR PART-TIME RESIDENCY TRAINING

This form is to be completed by program directors for residents who request part-time residency training. The request for part-time training must be requested in advance, the resident must give a reason why part-time residency training is being requested (i.e. family responsibility) and must be approved by the program director as well as the Postgraduate Dean. In addition to this request form, an **annual curriculum plan** for the resident's remaining training (full- and part-time components) must be submitted to the Postgraduate Dean by the Program Director. Any changes to the part-time curriculum plan must be reported to the Postgraduate Medical Education Office (pgmeres@mcmaster.ca).

Name of resident applying for part-time training: _____ please print
Program: _____
Name of Program Director: _____ please print

1. At what level of training is the applicant applying for part-time training?

Level:
PGY-1 PGY-2 PGY-3 PGY-4 PGY-5 PGY-6 PGY-7 PGY-8

2. Please state the start and end of the **part-time** training:

Start: _____ / _____ / _____ End: _____ / _____ / _____
day month year day month year

3. Please provide revised end of training date for entire residency: _____ / _____ / _____
day month year

4. Reason for request of part-time training: _____

6. Please attach a curriculum plan for the resident's remaining training, including both part-time and full-time components.

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I, Dr. _____ certify that the supervision and assessment of the part-time resident is at least equivalent to that of other residents in the program and that the total educational experience is fully equivalent to normal full-time residency.

Signature of Program Director

Date

Signature of Resident

Date

Enclosure – annual curriculum plan