

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).

It is important to note that Learners who are placed on part-time status will be paid according to their working hours. For this reason, include the hours within the Learner's part-time curriculum plan. Learners who work 60% or less are required to pay half of their Extended Health Care and Dental Care premiums (HR will contact the Learner to arrange pre-payment of benefits).

Name of resident applying for part-time _____
please print

Program: _____

Name of Program Director: _____
please print

1. At what level of training is the applicant applying for part-time training?
- PGY-1 PGY-2 PGY-3 PGY-4 PGY-5 PGY-6 PGY-7 PGY-8

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

Start: _____ / _____ / _____ End: _____ / _____ / _____

day month year
day month year

3. Provide revised end of training date for entire residency: _____ / _____ / _____

day month year

4. Explain the reason for part-time training request:

5. Please attach a curriculum plan for the resident's remaining training, including both part-time and full-time components. Learners who are placed on part-time status will be paid according to their working hours. For this reason, it is important to note the hours within the learner's part-time curriculum plan (learners who work 60% or less are required to pay half of their Extended Health Care and Dental Care premiums).

6. Please fill out and sign the following for submission to pgmeres@mcmaster.ca

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

Signature of Associate Dean, PGME

Date

Enclosure – annual curriculum plan