

# Resident Transfer Request Form (*Confidential*)

**Deadline is normally January 31st for all transfer request**

Please refer to the Provincial Transfer policy and the McMaster policy found on MedPortal.ca

<http://www.medportal.ca/pg/policies-procedures-and-forms>

Forward completed form to Sophia Boljanic at [sophiab@mcmaster.ca](mailto:sophiab@mcmaster.ca) or at the address/fax below

## Trainee Information

Name

Current Program

Desired Program

Current Training Level

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## Type of Transfer

**1. Intra-Provincial** (*within Ontario*)

or **2. Inter-Provincial** (*within Canada*)

list Ontario schools by preference

list Canadian schools by preference

*first*

*first*

*second*

*second*

*third*

*third*

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Have you done a rotation in the specialty?

Yes

No

Did you apply to this specialty in CaRMS?

Yes

No

**Please explain your rationale for wanting to transfer to this program.**

Signature \_\_\_\_\_

Date



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