

## 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](mailto:pgmeres@mcmaster.ca)).

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

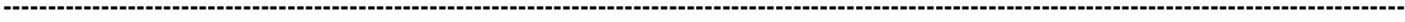
4. Explain the reason for part-time training request:

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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](mailto: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
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_____ Signature of Resident	_____ Date
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_____ Signature of Associate Dean, PGME	_____ Date
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Enclosure – annual curriculum plan