**McMaster University – Resident Affairs, PGME**

**PGME Trainees Accommodation Request**

This request is to notify the Accommodation Provider that you are requesting Accommodation(s) for a disability-related reason. If this request for another reason (e.g., religious or family status), please contact your Program Director or Resident Affairs.

This form will be sent to the selected Accommodation Provider. Typically, the Accommodation Provider will be your Program Director (as described in the Accommodation Guidelines for Trainees). If you prefer that Resident Affairs act as your Accommodation Provider, please denote this below.

Once completed, you MUST email this form to your Program Director AND pgaccomm@mcmaster.ca to initiate the process of obtaining accommodation.

**Trainee Information**

Name:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@medportal.ca

Preferred phone contact number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PGME Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus:** Hamilton  Waterloo  Niagara 

**Accommodation Provider preference:**

Program Director  Resident Affairs 

**Type of accommodation requested:**

 **Interim –** *﻿ implemented prior to the determination of the most appropriate accommodation*

 **Temporary – *﻿****addressing a functional limitation that is expected to resolve and not*

*recur in a short period of time (generally < 6 months)*

 **Permanent –** *﻿addressing a functional limitation (ongoing or episodic) on a long-term*

*basis (generally >6 months)*

 **Retroactive – *﻿****addressing either a permanent or temporary disability where the*

*request is made after the fact*

 **not sure** – would like to discuss

**Is your accommodation request:**

 **Urgent** *(i.e., must be assessed and implemented ASAP for you to continue in your program)*

 **Non-urgent** *(i.e., can be assessed and implemented “as usual”)*

**You must provide documentation from a Health Care Provider**

Has the HCP Documentation already been completed?

Yes  No 

If no, please note when you expect it will be available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please add any information that may be helpful for the Accommodation Provider below:**

|  |
| --- |
|  |

TraineeSignature Date