

Inter-Provincial Transfer Request/Authorization of Release

Current PGY Level/Program _____

Email address: _____

Please identify the universities, and their specific training program(s), for which you are requesting an inter-provincial transfer.

Dalhousie University _____

McGill University _____

Laval University _____

University of Sherbrooke _____

University of Montreal _____

University of Ottawa _____

University of Toronto _____

Queen's University _____

McMaster University _____

University of Western Ontario _____

Northern Ontario School of Medicine _____

University of Manitoba _____

University of Saskatchewan _____

University of Alberta _____

University of Calgary _____

University of British Columbia _____

This is to certify that I, _____, authorize Memorial University's Postgraduate Medical Education office to release the following documents from my academic file to the postgraduate offices of the above indicated universities: all in-training assessments and evaluations; summary-of-training record – including extended leaves from the program; summaries of ongoing investigations and appeals, and current or previous remediation programs, if applicable.

Signature: _____

Date: _____