MEMORIAL UNIVERSITY

Faculty of Medicine

APPENDIX A

Application for a Waiver of Training

Section A: To be completed by the Learner

Date: _____

Name of Learner: _____ **Postgraduate Training Program**: _____

Program start date: _____

Current anticipated completion date: / /

Current year (PGY level) of Learner in the program: _____

Dates of applicable leave:

Date commencing leave: _____

Date of return to service: _____

_____

Total duration of leave (months/ weeks): _____

Type of Leave:
Types of applicable Leave:

Sick Leave

Parental Leave

Unpaid Leave

Other, please specify:

_____

Section B: To be completed by the Program Director

Has this Learner ever failed a required learning experience? **Yes** ◯ **No** ◯

Has this Learner ever required a period of remediation or probation? ◯ Yes ◯ No

Date of certification examinations: _____

New proposed program end-date: _____

I, (Program Director), _____ on behalf of the Residency Program Committee, consider this Learner to be on a trajectory of progress as to allow completion of all competencies set out by the RCPSC or CFPC and recommend that_____(months or weeks) of their postgraduate training be waived.

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In addition to this form please include a brief recommendation letter, including the information on which this application is based. Your summary should describe the learner's performance based on the RPC's feedback.

Please return this form, and all supplementary documentation, to the PGME office no later than March 1st.

Program Director signature: _____ Date: _____

Associate Dean, PGME, signature:_____ Date: _____

The information requested on this form is collected under the authority of the Access to Information and Protection of Privacy Act, 2015 (SNL2015 Chapter A-1.2) and is needed to determine eligibility for waivers of training for learners completing their postgraduate training programs at Memorial University of Newfoundland. Personal information may be disclosed to academic and administrative units as required. For details on the use and disclosure of personal information, please contact the postgraduate medical education office at pgmeadministrator@mun.ca or 709-864-6331.