

If requesting the addition or amendment of an Inter-Institution Affiliation (IIA) Agreement between full accreditation reviews, please include a covering letter providing the rationale for the addition of the IIA (for example, a change in the STR, resources available, or number of residents) along with the signed IIA for Program Completion form.

Royal College of Physicians and Surgeons of Canada
Inter-Institution Affiliation (IIA) Agreement
for Program Completion

Definition: This type of inter-institutional affiliation applies when a medical school has sufficient resources to provide most of the required components of a residency program, but lacks the resources to provide one or more essential elements as defined by the discipline's specialty-specific standards.

Name of Program: _____

Home School: _____

Receiving School: _____

Rotations/Experience required: _____
Specialty-specific requirement(s)
(OTR/STR/CTR/SSA): (e.g. OTR 1.5) _____

Duration: Months: Weeks: Blocks: _____

Number of residents per year (approximately): _____

Description of rotation (including major goals and objective of rotation)
(to be completed by the home school)

Authorizations

Home School

Program Director
Print name

Program Director
Signature

Date

Postgraduate Dean
Print name

Postgraduate Dean
Signature

Date

Receiving School

Program Director
Print name

Program Director
Signature

Date

Postgraduate Dean
Print name

Postgraduate Dean
Signature

Date