

WAIVER OF TRAINING (Residents)

A decision to waive training after an approved leave of absence will only be made in **the final year of training** and it cannot be granted after the resident has taken the certification examinations.

Normally all residents will be required to complete the full duration of the residency program after a leave of absence. However, the Associate Dean PGME on the recommendation of the resident's Program Director, may grant a waiver of training time following an approved leave of absence in accordance with the policies of the Royal college of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC). A resident may be granted a waiver of training after a leave of absence if:

a) he or she has met all specialty training requirements of the RCPSC/CFPC and all of the program's educational requirements and the Program Director is satisfied that the resident will have achieved the required level of competence by the end date of the training; and

b) the Program Director and the Associate Dean PGME consider that there are exceptional circumstances that would justify shortening the time requirements for the residency program.

| justify shortening the time requirem | ents for the residency program. | |
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| Appointment Information | for Residents | |
| Resident's Name | | |
| Program | | PGY Level |
| Current End of Training Date | | |
| Dates of the Leave(s) | | |
| Recommended Revised End Date | | |
| Royal College and CMQ Maximum Al | lowable Times for Waivers: | |
| 1 year program - no waiver allowed | | 2 and 3 year program - 6 weeks |
| Less than 1 year for remediation or enhanced skills - no waiver allowed 4, 5, and 6 year program - 3 months | | |
| * Further information on other Roya Residency Leaves of Absence and | College Maximum Allowable Times for Waivers is | set out in 'Appendix A' of the Policy on |
| Residency Leaves of Absence and | Training vvaivers. | |
| educational requirements and the resid | ly completed all specialty training requirements of ent will have achieved the required level of compet ircumstances surrounding the request and why the | tency by the end date of the training. I am |
| Program Director's Name | | |
| Associate Dean's Approval | 1 | Today's Date |