



## **OUTGOING ELECTIVE REQUEST - WITHIN CANADA**

This form is to be completed by any University of Calgary trainee who is intending to complete an elective experience within Canada as part of their postgraduate training. Rotation goals and objectives must be clearly determined and appropriate evaluations obtained.

It is the trainee's responsibility to ensure they have liability insurance and the appropriate license/permit for the province or territory they will be practicing in.

The PGME Office must process ALL outgoing electives.

Please complete and return this form to the PGME Office for approval at least 3 months prior to the start date of the elective. \*Cannot be processed retroactively\*

All personal information requested on this form is collected under the authority of the Universities Act and section 33(c) of the Freedom of Information and Protection of Privacy Act, and is used for the purposes of academic administration and human resource management. Questions concerning the	

collection, use or disposal of this information should be directed to: Office of Postgraduate Medical Education, 403 210 6709 pgmeelec@ucalgary.ca