



INTERNAL TRANSFER MATCH APPLICATION

DATE (Enter Today's Date)	
FIRST NAME	
LAST NAME	
CURRENT PROGRAM (Enter the name of the program in which you are currently in)	
PGY LEVEL (Choose your current program year level)	
DESIRED TRANSFER PROGRAM (Enter the name of the program into which you want to transfer) <i>Refer to the website for a list of programs with Transfer Capacity</i>	

REQUIRED ATTACHMENTS (the following are attached as **one pdf file**)

- COMPLETED APPLICATION FORM**
- ONE PAGE COVER LETTER**
- CURRICULUM VITAE**

I have reviewed the [University of Calgary PGME Residency Transfer Policy](#)

In submitting this application, I consent to:

- i) abide by the Internal Transfer Match Process as outlined in the Residency Transfer Policy
- ii) accept the results of the Internal Transfer Match Process
- iii) accept that there is no process of appeal of the Internal Transfer Match results
- iv) fully disclose my PGME residency training file, including but not limited to all in-training assessments and any additional relevant information, to my desired transfer programs

SUBMITTING INSTRUCTIONS: (submit application with attachments, as **one PDF file**)

SEND: email to pgmetransfers@ucalgary.ca

SUBJECT LINE:: *Applicant Name** (lastname_firstname) – Transfer Request to *Desired Program**
(i.e. Smith_John - Transfer Request to Internal Medicine)

ADD this quote body of the email: "Please accept the attached application for a request for resident transfer." and *personal contact information** (Name, Email, Phone).

ATTACH (as one PDF file):

- 1) Completed Resident Transfer application
- 2) One-page cover letter and
- 3) Curriculum Vitae

NAME the pdf file – *ApplicantName* (lastname_firstname)_TransferRequestTo_*DesiredProgram**
(i.e. Smith_John_TransferRequestTo_InternalMedicine) – no spaces

*Naming Protocol: ADD the *appropriate italicized information*; no spaces in the document filename.