TRANSFER REQUEST FORM AND CONSENT FOR RELEASE OF RESIDENT TRAINING FILE FOR TRANSFERS BETWEEN UNIVERSITIES

All resident physicians considering either an Inter-Provincial Transfer (between the University of Calgary and the University of Alberta) or an External Transfer (outside of the Province of Alberta but within Canada) should review the following:

- AFMC National Transfer Guidelines
- University of Calgary Resident Transfer Policy
- Resident Transfer Process Guide

A separate form is required for each University and individual program to which you wish to apply.

NAME & TRAINING INFORMATION

_____   _____   _____

Surname   First Name   Current Program

_____   _____   _____

Email   PGY Level (Rank)   Stage of Training (CBD Only)

TRANSFER REQUEST

_____   _____

Name of Program   University

APPROVAL — RESIDENT CONSENT TO RELEASE TRAINING FILE

In conjunction with my transfer request, I give permission for the following information to be provided to the Program Director and/or PGME office for the program(s) at the university listed above, in accordance with the National Transfer Guidelines as set by The Association of Faculties of Medicine of Canada (AFMC):

- All In-Training Assessment Data, Including:
  - In-Training Evaluation Reports (ITERs and ORITERs)
  - Entrustable Professional Activities Assessment Data (Achieved EPAs, CC/RPC Ratification decisions)
  - FMeCAP Assessment Data (including Field Notes)
  - Daily Evaluations and Periodic Assessments (8-week, 3-month, 6-month, etc.) when available
- Summary from the PGME office regarding the training record (may include FTE status and leaves from the program).
- Summary from the PGME office regarding any remediation and outcomes.
- Notification from the PGME office regarding ongoing investigations/appeals that are in progress.

I understand that these documents are required in order for my request for transfer be reviewed by the receiving program and PGME office. The documents will be provided to the program via the PGME office of the University to which I am applying.

_____   _____

Resident's Signature   Date