University of Manitoba | Rady Faculty of Health Sciences

Max Rady College of Medicine
Department of Postgraduate Medical Education
260 Brodie Centre
727 McDermot Avenue
Winnipeg, Manitoba R3E 3P5
Canada

Application for Waiver of Training

The duration of training may be reduced following an approved leave of absence with a recommendation from the Program Director (on behalf of the Residency Progress Committee), with final approval by the Associate Dean, PGME, and the applicable approver (ex. Accrediting Body or Family Medicine Program Director).

Granting a waiver of training after a leave is considered **an exception**, rather than the standard. A Resident should not apply for a waiver of training unless they will successfully complete all mandatory components of training and have consistently exceeded expectations on assessment of competencies.

Reference(s): PGME Leave of Absence & Waiver of Training Policy
Leave of Absence & Waiver of Training Process

Section 1: Resident Information

This information must be completed by the Resident and reviewed by Program Director or FM Site/FM Stream Lead.
All information in this section is required.

Resident Name:	
Program:	
Program Start Date:	
Date of Certification Examination:	
Current Anticipated Completion of Training Date (in the absence of waiver):	

Section 2: Leave Information

This information must be completed by the Resident and reviewed by Program Director or FM Site/FM Stream Lead.
All information in this section is required.

Start Date of Leave:		Return Date from Leave:	
Total Duration of Leave (in weeks and/or months):			
Type of Leave:			
Entrada LOA Reference # (if applicable):			

Section 3: Resident Justification of Request for Waiver

This information must be completed by the Resident and reviewed by Program Director or FM Site/FM Stream Lead.
All information in this section is required.

Justification of Request for Waiver:			
New Proposed Completion of Training Date:		I confirm the above information is correct and submitted to the best of my knowledge.	☐Yes
Date of Submission by Resident:		Resident Initials:	

Section 4: Waiver Information

This information must be completed by the Program Director or FM Site/FM Stream Lead. All information in this section is required.

I anticipate the resident will achieve the required level of competency/training requirements by the new proposed completion of training date:	☐Yes
Has the Resident ever failed a rotation:	☐Yes ☐No
Has the Resident completed a remediation or probation:	☐Yes ☐No

Justification for Support:	
Recommended Waiver: (in weeks and/or months)	
New Proposed Completion of Training Date:	

Program Director or FM Site/FM Stream Lead Name:			
Signature:		Date:	

Section 5: Associate Dean, PGME - Final Approval and Signature

Waiver of Training Approved:			☐Yes ☐No
Associate Dean, PGME Name:			
Signature:		Date:	

*After completion of all required fields in the Application (including Program Director Signature), please submit an electronic copy (scan) to **regpgme@umanitoba.ca***

Email Subject: Insert Resident Name – Waiver of Training Request
Attention: Associate Dean – PGME

C/O Resident Administrator

For PGME Office Use Only		
☐	*Received request*	*Date:*
☐	*Waiver request sent to applicable required approver (i.e. Accrediting Body)*	*Date:*
☐	*Confirmation received date*	*Date:*
☐	*Confirmation communicated to required parties*	*Date:*