



### 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:	Click here to enter text.		
Program:	Click here to enter text.		
Program Start Date:	Click here to enter a date.		
Date of Certification Examination:	Click here to enter a date.		
Current Anticipated Completion of Training Date (in the absence of waiver):	Click here to enter a date.		

#### 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:	Click here to enter a date.	Return Date from Leave:	Click here to enter a date.
Total Duration of Leave (in weeks and/or months):	Click here to enter text.		
Type of Leave:	Click here to enter text.		
Entrada LOA Reference # (if applicable):	Click here to enter text.		

### 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:	Click here to enter text.		
New Proposed Completion of Training Date:	Click here to enter a date.	I confirm the above information is correct and submitted to the best of my knowledge.	<input type="checkbox"/> Yes
Date of Submission by Resident:	Click here to enter a date.	Resident Initials:	Click here to enter text.

### 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:	<input type="checkbox"/> Yes
Has the Resident ever failed a rotation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Resident completed a remediation or probation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Justification for Support:	Click here to enter text.
Recommended Waiver: (in weeks and/or months)	Click here to enter text.
New Proposed Completion of Training Date:	Click here to enter a date.

Program Director or FM Site/FM Stream Lead Name:	Click here to enter text.		
Signature:		Date:	Click here to enter a date.

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

Waiver of Training Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> 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](mailto:regpgme@umanitoba.ca)

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

C/O Resident Administrator

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