



NOTIFICATION OF PART-TIME RESIDENCY TRAINING

Name of resident doing part-time training:

Please print complete name

Specialty: _____

University: _____

Name of Program Director: _____

Please print

This form is to be completed by program directors for residents who have done/will be doing part-time residency training. The part time training must be approved by the program director and the postgraduate dean.

1. At what level of training is the applicant doing part-time training?

Level:
PGY-1 PGY-2 PGY-3 PGY-4 PGY-5 PGY-6 PGY-7 PGY-8

2. Please state the start and end dates of the part-time training:

Start date: ____/____/____ End date: ____/____/____
day month year day month year

3. Please provide revised end of training date for the entire residency:

____/____/____
day month year

4. This resident's training is at least equivalent to that of other residents in the program and the total educational experience is fully equivalent to normal full-time residency:

Yes _____ No _____

5. Please provide the percentage (%) of time: _____

DECLARATION

I, Dr. _____ certify that the supervision and assessment of the part-time resident is at least equivalent to that of other residents in the program and that the total educational experience is fully equivalent to normal full-time residency.

Signature of resident

Date

Signature of Program Director

Date

Signature of Post-Graduate Dean

Date