



Registration Checklist

Returning/Continuing Trainee Checklist

(From Specialty to Subspecialty Training Program within U of M)

PLEASE NOTE: If there is a training gap of six (6) months and longer, please follow the “Resident Checklist”

| PGME Checklist | | | |
|---------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Check Mark | Manual Section | Tasks | Submit to/Deadline |
| <input type="checkbox"/> | A | Review, sign & return your Letter of Offer (LOO) | Electronic copy: submit to regpgme@umanitoba.ca (all pages and in a clear pdf format) one week after receipt of your LOO |
| <input type="checkbox"/> | B | Complete & return Trainee Information Form (TIF) | Electronic copy: submit to regpgme@umanitoba.ca one week after receipt of your LOO |
| <input type="checkbox"/> | D | Update Personal Information in Aurora Student (if applicable) | Aurora Student |
| <input type="checkbox"/> | E | Update Personal Information in Entrada (if applicable) | https://entrada.radyfhs.umanitoba.ca/ |
| <input type="checkbox"/> | V | Submit copy of valid Permanent Resident Card (if applicable) | Email a clear copy to regpgme@umanitoba.ca |
| <input type="checkbox"/> | V | Submit copy of valid Work Permit (if applicable) | |
| <input type="checkbox"/> | K | University of Manitoba COVID-19 Proof of Vaccination | Please submit your COVID-19 proof of vaccination to regpgme@umanitoba.ca |
| <input type="checkbox"/> | S | Complete & submit the Canadian Post M.D Education Registry Form(CAPER) | Email a clear completed CAPER Form one week after receipt of your LOO to regpgme@umanitoba.ca |
| Shared Health (Shared Health/Employer) Checklist | | | |
| Check Mark | Manual Section | Tasks | Submit to/Deadline |
| <input type="checkbox"/> | K | Complete Immunization & N95 Fit Testing Requirements – Website Link | <ul style="list-style-type: none"> As soon as you have received your Letter of Offer, Trainees must contact one of the Occupational Health Units to schedule an appointment within a minimum of 2 months prior to commencement of training. Complete & submit forms directly to an OESH Office at oesh@wrha.mb.ca or at other OESH site |
| College of Physicians and Surgeons of Manitoba (CPSM) / Physician Licensure Checklist | | | |
| Check Mark | Manual Section | Tasks | Submit to/Deadline |
| <input type="checkbox"/> | P | Apply for CPSM License | You must complete and return the application directly to the CPSM Office, 1000-1661 Portage Ave, Winnipeg, MB R3J 3T7 as per the instructions provided. |

Canadian Medical Protective Association (CMPA) / Liability Insurance Checklist

| Check Mark | Manual Section | Tasks | Submit to/Deadline |
|------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Q | Apply/Renew CMPA Membership www.cmpa-acpm.ca/en/membership/member-self-service | <ul style="list-style-type: none"> The application must be submitted one week after receiving the Welcome Email |
| Final Tasks Prior to Commencement of Training | | | |
| <input type="checkbox"/> | T | Receive Requisition Forms for HSC Facility Access Card (HSC Security Card) from PGME Office Lab Coats | <ul style="list-style-type: none"> We require a clear digital colour photo with a solid coloured neutral background in a “jpeg” format two weeks from today which will be added to your Entrada profile and submitted to HSC Security for your HSC ID card Please print the requisition form for the HSC Facility Access Card and take it to Security Services, Room MS-245, Thorlakson Building (2nd Floor Orange zone), Health Sciences Centre Information regarding lab coats will be sent to trainees by PMAO |

**** Trainees are recommended to retain a copy of the registration documents for their own record****

It is imperative that the trainees submit the required documents on time, to avoid any delays in the commencement of training or payment.