



## New Rotation Checklist for Programs

Programs are required to complete this Checklist prior to scheduling the Rotation, please enter all the required information below & submit it to the PGME Office at [regpgme@umanitoba.ca](mailto:regpgme@umanitoba.ca). Please allow at least 6 weeks for processing. **If the Checklist is submitted without the required information/document(s) (i.e. Goals and Objectives), the New Rotation request will not be reviewed. Programs may proceed with the creation of the Rotation in Entrada, however may be asked to make edits based on the information submitted below.**

**Before the creation of a New Rotation, Programs must refer to the following Policies. Please note that Assessments are managed in the Assessment & Evaluation Module in Entrada.**

- [PGME Rotation Guidelines](#)
- [PGME Resident Assessment, Promotion, Remediation, Probation, Suspension, Dismissal Policy](#)
- [PGME Vacation Blocks Policy](#)

**This Request is for:** (please check )

**Full Block Rotation**

**Split Block Rotation**

**Other (please specify):** [Click here to enter text.](#)

### New Rotation Information

**Program Name:** [Click here to enter text.](#)

**Rotation Title:** refers to the Full Name of the Rotation and does not include a site, hospital/location name or abbreviation. [Click here to enter text.](#)

**Rotation Information:**

Mandatory, Elective or Selective? Choose an item.

Location where Trainees can access Rotation G & O's and First Day Instructions: [Click here to enter text.](#)

**Code:** refers to the Short Name or Abbreviation of the Rotation and must reflect the Title/Full Name of the Rotation and does not include a site/hospital/location name. [Click here to enter text.](#)

**Sites:** refers to pre-populated approved sites. List the site or sites that are applicable to this Rotation. [Click here to enter text.](#)

**Goals and Objectives of the Rotation must be included with this Checklist in CanMEDS 2015 / CanMEDS-Family Medicine 2017 / other equivalent**

**Is the Rotation subject to an Inter-University Agreement?** Yes:  No:

**Category Training Requirement** (refer to your [RCPC Specialty Training Requirements](#) or [CFPC Requirements](#) or / other equivalent and provide specific information): [Click here to enter text.](#)

**Division Training Requirement** (refer to your [RCPC Specialty Training Requirements](#) or [CFPC Requirements](#) or / other equivalent and provide specific information): [Click here to enter text.](#)

**For Split Rotation Request in an Off-Service Rotation, written Approval from the Hosting Program must be included with this Checklist.**

**Notes** (if applicable): [Click here to enter text.](#)