

Department of Family Medicine

Rotation Request Form

** Residents are required to follow the [Department of Family Medicine and PGME Policy & Process](#)

Section 1: To Be Completed by Resident		
Resident Full Name:	Resident Email:	Residency Year:
Rotation Details:		
Proposed Start Date of Rotation:	Proposed End Date of Rotation:	
Proposed Rotation:		
Hosting University / Hospital / Site / Clinic / Institution of Proposed Rotation:		
Is this request an International Rotation?	Yes	No
Proposed Rotation Supervisor:		
Email Address of Proposed Rotation Supervisor:		
Contact Information for Proposed Rotation Supervisor (mailing address):		
Proposed Rotation Focus/Specialty/Objectives:		
A Written Approval from Proposed Rotation Supervisor/University/Hospital/Site/Clinic/Institution is attached to this request (required):		
Proposed Rotation Supervisor agrees to this rotation and to the above Objectives:		
Resident's Submission: I confirm the above information is correct & submitted to the Program Administrator of my Family Medicine:		
Date Form Submitted:	Resident's Initials:	

Section 2: To Be Completed by Program Administrator (PA), Family Medicine Stream	
A required Written Approval from Proposed Rotation Supervisor/University/Hospital/Site/Clinic/Institution is attached.	
Yes	No The rotation request and attached information is reviewed & approved by Education Director.
If this rotation and its objectives are not approved, please indicate the reason:	
Name of Education Director:	Date Education Director Approved:
** Only complete this blue section / steps if the request is an International Rotation **	
Rotation Information Submitted to CPGME Office (regpgme@umanitoba.ca) with the following required documents attached:	
Approved & Complete Rotation Request Form	
A Written Approval from Proposed Rotation Supervisor/University/Hospital/Site/Clinic/Institution is attached to this request	
Goals & Objectives of Rotation	
Date PA Submitted International Rotation to CPGME Office	
Approval Received from CPGME Office	Date Approval Received:
Send Confirmation of the Rotation Request to Resident (after the request is approved by Education Director and/or CPGME Office (if applicable))	
Approved / Completed Form Saved on Resident's File	
After approval is received, setup Rotation & Assessment(s) in Entrada	
After the rotation is complete, ensure the Assessment(s) is complete	

Any changes to the request must be made in writing. All parties must be notified of the change with a minimum of four weeks notice.