

CONSENT FORM FOR RELEASE OF INFORMATION

I, _____, a Postgraduate Medical Education trainee
(Print Name)

at the University of Manitoba Max Rady College of Medicine, in the

_____ Program, give permission for my file to be reviewed by one or more surveyors as part of the routine, on-site accreditation review conducted by the Royal College of Physician and Surgeons of Canada, and The College of Family Physicians of Canada on

_____.

(Accreditation Date)

The file review is not to determine anything related to my performance, but rather to review the residency training program operations and information management.

I understand that **no** part of my file will be duplicated or removed.

No information derived from my file will be used for any purpose other than to review the residency training program.

Signature

Date