Request for Elective/Community Rotation

Pediatric Postgraduate Education Program, McMaster University

ROTATION OBJECTIVES IN CanMEDS FORMAT MUST BE SUBMITTED WITH THIS REQUEST TWO (2) MONTHS IN ADVANCE FROM YOUR ELECTIVE START DATE.

Residents are required to attend all mandatory program activities during electives unless previously approved by the Program Director. Exceptions include international or away electives.

The PGME office will complete the Confirmation of Registration/Letter of Good Standing. It is the resident's responsibility to ensure that all immunizations and mask fit testing information is current with the PGME office.

curre	ent with the PGME office.		
RES	SIDENT NAME	LEVEL	DATE
<u>Plea</u>	ase check the appropriate box.		
	Community		
	MacCARE Community - Apply of http://maccare.mcmaster.ca/rotation-requ		
	ROMP Elective - Apply on line: w	ww.romponline.com	
the pappression of the paper of	Clinical Elective out-of-province/out-of-country: prior to to program director who will provide a letter roval. The elective should be unique in the out of country electives: A Field Trip and aired. See http://postgrad.medportal.ca/ undering is also required for electives to low-rooms and dates (3x/year) are available on Note.	r of support to the PGM at it is not available in th Electives Planning and der Policies and Procedu middle income countries.	E assistant dean for ne province of Ontario. Approval Policy form is res. Pre-departure Details of evening
	Research Elective - Rotation elec Please attach abstract/proposal.	ctive Horizontal Elec	etive 🗌
	Approved by: (please provide form to	Sara Howchin in 3A for	Dr. Giglia's signature)
	Dr. Lucy Giglia		
	Research Supervisor		

ROTATION IN			
DATE OF ROTATION from:		to:	
ROTATION SUPERVISOR			
HOSPITAL/UNIVERSITY ADDRESS			
Telephone No:	Fax No:		
Approved by Program Director:		Date:	

Please return completed form to Pediatric Residency Program, HSC-3N48

Updated May 29, 2014