**Pre-Residency Program (PRP) Exemption Policy for Specialty and Family Medicine**

All international medical graduates accepted to family medicine or specialty training or assessment programs in Ontario are required to undergo a Pre-Residency Program (PRP) in its entirety and a mandatory 12-week Assessment Verification Period (AVP).

Candidates with Canadian or U.S. fellowship or residency training experience may request an exemption from the PRP program. A signed PRP Program Waiver of Exemption form must be received by the Resident’s Program Director, with a copy to the Postgraduate Medical Education Office, prior to any and all exemptions being considered. The form must be received within two weeks of the candidate being matched to a program. The Program Director will sign and submit to PGME.

The requirements for **consideration** of an exemption are:

1. Successful completion of a minimum of one year of a recognized clinical fellowship or residency program in Canada or the U.S. Please note that one year of fellowship in no way guarantees an exemption.
2. Demonstrated competence in the domains of education provided in the PRP curriculum as attested to by the Resident or Fellowship Program Director.
3. Exemption from the PRP program is acceptable to their Program Director and Postgraduate Dean.
4. The incoming candidate is aware of the PRP Program objectives and curriculum, and is confident that these objectives have been fully met in his/her fellowship training. The candidate acknowledges that the learning achieved during the PRP Program contributes to the successful completion of the Assessment Verification Period.
5. Exemption from the PRP Program may only be taken with the full understanding that **failure to successfully complete the Assessment Verification Period cannot be attributed to the lack of having completed the PRP Program.** Please note that failure to successfully complete the AVP will result in the resident not being permitted to continue on and dismissal from the postgraduate training program.

**PGME Contacts:**

**McMaster** [pgmeres@mcmaster.ca](mailto:pgmeres@mcmaster.ca)

**NOSM** [pgregistration@nosm.ca](mailto:pgregistration@nosm.ca)

**Ottawa** [pgmereg@ottawa.ca](mailto:pgmereg@ottawa.ca)

**Queen’s** [pgme@queensu.ca](mailto:pgme@queensu.ca)

**Toronto** [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca)

**Western** [postgraduate.medicine@schulich.uwo.ca](mailto:postgraduate.medicine@schulich.uwo.ca)

**Pre-Residency Program (PRP) Waiver of Exemption for Specialty and Family Medicine**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request exemption from the PRP Program.

I am familiar with the objectives and the course curriculum, and I have met these objectives in my previously completed Canadian postgraduate training experience. I acknowledge that I have successfully completed a minimum of one full year in an accredited Canadian postgraduate training program.

I understand that, as an incoming International Medical Graduate to Ontario postgraduate training, I must undertake a mandatory 12-week Assessment Verification Period. If I do not successfully complete this assessment, I withdraw any right to attribute this to my voluntary withdrawal from the PRP Program.

Resident’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postgraduate Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Copy of approved form will be sent by PGME to the Touchstone Institute.*