**Pre Residency Program (PRP) Exemption Waiver**

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.*