



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Request for Waiver of Training

To be completed by the Program Director and submitted to the Associate Dean, PGME & HS via postgrad@nosm.ca

Resident's Full Name:

Program Name:

Training Level:

Dates of leave(s) from the program:

New Proposed Completion of Training Date:

Please provide a description of the circumstances surrounding the request and why the waiver is being supported. We have provided a template below, please edit and add additional information as required.

Sample text

It is my recommendation as the {program name} Program Director that a waiver of training be issued for Dr. {resident name} whose current completion of training date is {current end date}.

The rationale for this waiver of training request is {describe the reason for this waiver of training}.

Dr. {resident name} has been successful in all aspects of the program and is otherwise completely prepared to sit the {Royal College/CFPC} Examinations in the {spring/fall} of {year}.

I, _____, verify the Resident has successfully completed all training requirements of the program.
Program Director

Program Director Signature

Date