The initial step in contacting another institution on behalf of the resident is an e-mail from the University of Saskatchewan PGME Associate Dean to the Postgraduate Dean at the other school(s) inquiring if there is any vacancy/capacity for training.

In accordance with the National Transfer Guidelines, the further information will need to be sent to the receiving school(s) when the school(s) notify our Office that they will consider the transfer request.

Section 1: Resident Information

|  |  |
| --- | --- |
| Name: |  |
| Program: |  |
| Training Year: |  |
| Email: |  |

Section 2: Resident’s Consent

|  |  |  |  |
| --- | --- | --- | --- |
| I provide consent that my full name and PGY be included in the initial e-mail to school(s) listed in Section 3. | | Yes  No | |
| In conjunction with my transfer request, I give permission for the following information to be provided to the PGME Office for the schools listed in Section 3:   * ITERs; * Summary of training record (which includes leaves from the program); * Summary from the PGME Office regarding any remediation, probation and outcomes.   If there are ongoing investigations/appeals in progress, the other school will be notified.  I understand that these documents are required so that my application for transfer can be reviewed by the program. | | Yes  No | |
| Resident’s signature |  | Date | Click here to enter a date. |

Section 3: Transfer Information

|  |  |
| --- | --- |
| List of school(s) and programs you wish to transfer to: |  |

|  |
| --- |
| **Please send all documents and required information (via email, fax or mail) to the following location:**  Della Toews  PGME Office, College of Medicine, University of Saskatchewan  Room 3A10.7, Health Sciences Building  Box 17 – 107 Wiggins Road, Saskatoon, SK S7N 5E5  Phone: 306-966-1941 Fax: 306-966-5224 Email: della.toews@usask.ca |