



UNIVERSITY OF SASKATCHEWAN

## College of Medicine

POSTGRADUATE MEDICAL EDUCATION  
MEDICINE.USASK.CA

## NOTIFICATION OF FTE CHANGE RESIDENCY TRAINING

This form is to be completed by the Program Director for Residents who will be changing their FTE for residency training. A change in FTE must be approved by the Program Director and the Postgraduate Associate Dean prior to implementation. The PGME office is responsible for notifying the Royal College of the Resident's newly revised end date.

Name of Resident: \_\_\_\_\_

Program: \_\_\_\_\_

Name of Program Director: \_\_\_\_\_

1. At what level of training is the resident changing their FTE? Level:

☐ ☐ ☐ ☐ ☐ ☐  
PGY-1 PGY-2 PGY-3 PGY-4 PGY-5 PGY-6

2. Please provide the new FTE: \_\_\_\_\_

3. Please state the start and end dates of the new FTE:

Start date: \_\_\_\_\_

End date: \_\_\_\_\_

4. Revised PGY end date: \_\_\_\_\_

5. Comments:

