The duration of training may be reduced following an approved leave of absence with recommendation from the Program Director (on behalf of the Residency Training Committee), with final approval by the Associate Dean, PGME, and College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC).

Granting a waiver of training after a leave is considered **an exception**, rather than the standard.

In addition to this form, the Program Director recommending the waiver should submit:

* a brief summary of information on which the recommendation is based, including the resident’s performance and competency,
* copies of any relevant documents.

**Section 1: Resident Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Program: |  | | |
| Training Year: |  | Start date of training in the Program: | Click here to enter a date. |
| Date of the Certification Examination: | | Click here to enter a date. | |
| Anticipated date of training Completion (in the absence of waiver): | | Click here to enter a date. | |

**Section 2: Leave Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Start date of Leave: | Click here to enter a date. | Date of Return to Service: | Click here to enter a date. |
| Total duration of Leave (in weeks and/or months): | |  | |
| Reason for Leave: | |  | |

**Section 3: Waiver Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Has this Resident ever failed a rotation: | Yes  No | Has this Resident required remediation or probation: | Yes  No |
| Recommended waiver (in weeks and/or months): | |  | |
| New Program proposed end date: | | Click here to enter a date. | |

**Section 4: Approvals and Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| Program Director: | |  | |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Associate Dean, PGME: | |  | |
| Signature |  | Date |  |

|  |
| --- |
| **Please send all documents and required information (via email, fax or mail) to the following location:**  Lisa Klassen  PGME Office, College of Medicine, University of Saskatchewan  Room 413, 4th Floor, St. Andrew’s College  1121 College Drive, Saskatoon, SK S7N 0W3  Phone: 306-966-5557 Fax: 306-966-5224 Email: lisa.klassen@usask.ca |