PGME International Educational Course Form – 14 Days or Less

(not intented for conference leave)

**Please complete and return to the Postgraduate Medical Education Office 2-76 Zeidler Ledcor Centre,**

**at least 3 months prior to the start date of the elective.**

**Name:**

 Last Name First Name

**Title/Description of Course:**

**Course Start Date:** \_ **Course End Date:**

 **Course Location** \_\_\_\_\_\_\_\_\_\_\_\_

 Department

 Street/Avenue City

 Province Postal Code Country

**University of Alberta Program Director (Please print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**U of A Program Director’s Signature:** \_\_\_ \_

**Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postgraduate Associate Dean** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An Education Course is one in which no clinicial work will be done and licensure is not required. You must be a resident who is currently enrolled in a University of Alberta Postgraduate Medical Education program and is planning to pursue an learning experience outside the University of Alberta as part of their postgraduate training. Rotational objectives must be clearly determined and appropriate evaluations obtained.

The PGME office must approve **all Resident** Education Courses. It is the resident’s responsibility to make sure they have adequate liability insurance as CMPA covers electives in Canada only. Residents can call the Physician Insurers Association of America at 301 947-9000 re obtaining additional coverage if doing an elective in the U.S. or check their website: <http://www.piaa.us>

The resident should be reminded of their responsibility to purchase supplementary health care insurance.