

IN-COMING ELECTIVE FORM

PGME Trainee Requirements (Canadian citizen):

Submit this form and pre-requisites to the U of A Residency Program Director or Fellowship Educational Supervisor for approval. Must be submitted to PGME Office at least **3 months** prior to start date **3 months** prior to start date.

- ☐ Elective approval letter attached from Home Program Director or Educational Supervisor
- ☐ Check box if connect care access is required
- ☐ Check box if previously licensed with CPSA

Additional Requirements (if work permit required):

Must be submitted to PGME Office at least **6 months** prior to start date if work permit is required.

- ☐ Copy of Passport (only if you **are not** a Canadian citizen)
- ☐ Curriculum Vitae
- ☐ U of A Speedcode (Number: _____ *Admin only)

NAME & CONTACT INFORMATION

Surname	First Name	Date of Birth (dd-mmm-yy)
Citizenship	Phone Number	Email Address
Address	City	Province
Country	Postal Code	
Year of MD graduation	Name of Medical School	

INCOMING ELECTIVE INFORMATION

Elective Program (U of A)	Site(s) elective will be held at:
Elective start date (dd-mmm-yy)	☐ UAH ☐ Stollery ☐ RAH ☐ Other site(s): _____ ☐ GNH _____ ☐ MIS _____
Elective end date (dd-mmm-yy)	

HOME INSTITUTION

Program Director's or Educational Supervisor's Name (Print)	University
Name of Residency Program or Fellowship	

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APPROVAL – UNIVERSITY OF ALBERTA

Program Director's or Educational Supervisor's Name (Print)	Signature
Name of Residency Program or Fellowship	Date (dd-mmm-yy)

All incoming elective Trainees are required to sign a standard Postgraduate Medical Education Agreement. They are also required to be placed on the Educational Register of the College of Physicians and Surgeons of Alberta (CPSA). For International electives over 90 days, English language requirements must be met according to CPSA including Physician's Apply source verification. CMPA coverage is mandatory; residents should contact CMPA to add the University of Alberta to their coverage.

All personal information requested on this form is collected under the authority of the Universities Act and section 33(c) of the Freedom of Information and Protection of Privacy Act, and is used for the purposes of academic administration and human resource management. Questions concerning the collection, use or disposal of this information should be directed to: Postgraduate Medical Office, 780-492-9722.