

# OUT-GOING ELECTIVE REGISTRATION FORM (within Canada)



The PGME office must process all out-going PGME Trainee electives. It is the trainee's responsibility to make sure they have liability insurance and the appropriate license/permit for the province or territory they will be practicing in.

**Please complete and return to [pselect@ualberta.ca](mailto:pselect@ualberta.ca) at least 3 months prior to the start date of the elective.**

## NAME & ELECTIVE PLACEMENT

Surname	First Name	Middle Name
Title/Description of Elective	Elective Start Date (dd-mmm-yy)	Elective End Date (dd-mmm-yy)

## PRECEPTOR CONTACT INFORMATION – ACCEPTING UNIVERSITY

Preceptor's Name	Preceptor's Email Address	Department
University	Address	City
Province	Country	Postal Code

## APPROVAL – UNIVERSITY OF ALBERTA

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

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.