

Out-Going Elective Registration Form

Please complete and return to the Postgraduate Medical Education Office 2-76 Zeidler Ledcor Centre, at least 2 months prior to the start date of the elective.

Name: _____
Last Name First Name

Title/Description of Elective: _____

Elective Start Date: _____ **Elective End Date:** _____

Preceptor's name: _____

Preceptor's e-mail address: _____

Preceptor's mailing address: _____
Department

_____ Department

_____ University Street/Avenue

_____ City Province Postal Code

University of Alberta Program Director (Please print) _____

U of A Program Director's Signature: _____

Phone Number _____ **Date** _____

An out-going Resident Elective is any trainee who is currently enrolled in a University of Alberta Postgraduate Medical Education program and is planning to pursue an elective 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 be informed of **all** out-going Resident Electives. 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>

NOTE: Residents may have a maximum of three blocks/months of allocated elective time per program. Any elective exceeding this limit must be pre-approved by the PGME Associate Dean via Program Director.

A J-1 Visa (short-term elective) may be required for an elective in the U.S. It is the responsibility of the trainee to initiate the Visa application by contacting the Educational Commission for Foreign Medical Graduates at 215 823-2121. To obtain a Statement of Need in support of the J-1 Visa, the trainee should contact the Program Administrator, Statement of Need/J-1 Visa Program, Health Human Resource Strategies Division, Health Policy Branch, Health Canada. The Program Administrator can be reached by telephone at 613 952-1912, by facsimile at 613 948-8081, or by e-mail at Judith_Lewis@hc-sc.gc.ca to obtain information. A letter from the office of Postgraduate Medical Education is required for an elective and will be sent directly to the Program Administrator at Health Canada upon request by the trainee.

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

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: Administrative Manager, Office of Postgraduate Medical Education, 2-76 Zeidler Ledcor Centre, University of Alberta, T6G 2X8, phone (780) 492-9722, fax(780)492-4144.

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