



Postgraduate Medical Education
Application for Part-time Postgraduate Training

This form is to be completed by the Learner who is requesting part-time postgraduate training and must be signed by both their Program Director and the Associate Dean, PGME.

Section I: Learner Information

Name of Learner (Please provide full name): _____

PGME Program: _____

Name of Program Director: _____

At what PGY level will the part-time training be? _____

Requested start date of part-time training: _____ Anticipated end date: _____

Please provide the percentage of part-time (cannot be less than 60%): _____

I, _____ am familiar with the Faculty of Medicine’s *Part-time Postgraduate Policy* and, specifically, acknowledge the following points:

- No more than two months of training will be completed outside of the province of Newfoundland and Labrador.
- A part-time training commitment will be no less than 60% of that of a full-time learner.
- A waiver of training will not be granted.
- Training will be extended based on the part-time training commitment.

Signature of Learner: _____ Date: _____

Support of Program Director

I certify that the supervision and assessment of Dr. _____ as a part-time learner in the postgraduate training program, will be at least equivalent to that of other learners in the program and that the total educational experience will be equivalent to the standard full-time postgraduate training. **Included are all required elements as per Section C.0 of the Procedure.**

Signature of Program Director: _____ Date: _____

Approval by Associate Dean, PGME

Signature of Associate Dean, PGME: _____ Date: _____