

Request for Elective/Community Rotation
Pediatric Postgraduate Education Program, McMaster University

Rotation objectives in CanMEDS must be submitted with this request.

The PGME office will complete the Confirmation of Registration letter which may include a report of immunization status and mask fit testing. It is the resident's responsibility to ensure that all immunizations and mask fit testing information is current with the PGME office.

Name: _____ Level: _____ Date: _____

Please check off the appropriate request box.

Community

MacCARE Community

A completed MacCARE Rotation Request Form must be submitted with this request. The form can be found on the resident website under Resources for Residents, Administration.

Clinical Elective

A Field Trip and Electives Planning and Approval form is required for electives outside of Ontario. The form can be found on medportal under Policies and Procedures which is to be completed and submitted to PGME Office, MDCL 3101, attention: Dana Szostak dszosta@mcmaster.ca

ROMP Elective

Apply directly to www.romponline.com

Research Elective

Please attach abstract/proposal.

Elective in: _____

Date of Rotation from: _____ to: _____

Rotation Supervisor: _____

Address/Hospital:

Telephone No: _____ Fax No: _____

Approved by:

Program Director: _____ Date: _____

Please return completed form to Pediatric Residency Program, HSC-3N48, Fax 905)524-3465.