

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

*April 2012*

**ROTATION OBJECTIVES IN CanMEDS MUST BE SUBMITTED WITH THIS REQUEST.**

The PGME office will complete the Confirmation of Registration/Letter of Good Standing. It is the resident's responsibility to ensure that all immunizations and mask fit testing information is current with the PGME office.

**RESIDENT NAME \_\_\_\_\_ LEVEL \_\_\_\_\_ DATE \_\_\_\_\_**

**Please check off the appropriate 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:

<http://www.macpeds.com/documents/MacCareRotationRequestForm.pdf>

**Clinical Elective**

For out-of-province/out-of-country: prior to the elective the resident must seek approval from the program director, who will provide a letter of support to the PGME assistant dean for approval. The elective should be unique in that it is not available in the province of Ontario. A Field Trip and Electives Planning and Approval Policy form is to be completed for out-of-country electives. The form can be found on medportal under Policies and Procedures:

<https://login.medportal.ca/Login.aspx?ReturnUrl=%2fDefault.aspx>

**ROMP Elective - Apply directly to [www.romponline.com](http://www.romponline.com)**

**Research Elective - Please attach abstract/proposal/Research Supervisor's Letter of Support/Approval from clinical rotation supervisor if undertaking horizontal research elective.**

Horizontal

Block

**Rotation in: \_\_\_\_\_**

**Date of Rotation from: \_\_\_\_\_ to: \_\_\_\_\_**

**Rotation Supervisor: \_\_\_\_\_**

**Address/Hospital: \_\_\_\_\_**

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**Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_**

**Approved by  
Program Director: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please return completed form to Pediatric Residency Program, HSC-3N48.**