

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

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: _____

Telephone No: _____ Fax No: _____

**Approved by
Program Director: _____ Date: _____**

Please return completed form to Pediatric Residency Program, HSC-3N27.