

In-Coming Elective Registration Form

Return completed form to U of A Residency Program Director for signature along with **letter from resident's home Program Director at least 3 months prior to the start date of the elective, 6 months, if requiring a Work Permit with a CV included (Passport number will be required)**

Name: _____
Last Name First Name

Home Address/Phone: _____
Street/Avenue City/Province Postal Code

Phone Number _____ E-mail _____

Date of Birth: _____ Citizenship: _____
Day/Month/Year

Medical School: _____ Year of MD Graduation: _____

Elective Program (U of A): _____

Elective Start Date: _____ Elective End Date: _____

Previously licensed with CPSA (College of Physicians & Surgeons of Alberta) Yes _____ No _____

Site(s) elective will be held at UAH RAH GNH MIS Stollery Other

Program Director at Resident's Home Institution (name and mailing address):

Name Department University

Street/Avenue City Province Postal Code

University of Alberta Program Director (Please print) [Dr. Loretta Fiorillo](#)

U of A Program Director's Signature: _____

Phone Number: (780) 248- _____ Date: _____

An in-coming Resident Elective is a trainee who is enrolled in an accredited Postgraduate Medical Education program at another institution and is coming to the University of Alberta to undertake a segment of their training. The training they receive at the University of Alberta is to be evaluated and counted towards their training program at their home institution.

All Resident Electives are required to sign a standard Postgraduate Medical Education Agreement. Unless they are from the University of Calgary, they are also required to be placed on the Educational Register of the College of Physicians and Surgeons of Alberta (CPSA). For International electives, English language requirements must be met according to CPSA and effective July 1, 2013 PCRC source verification will be required.

CMPA coverage is mandatory; residents should contact CMPA to add the University of Alberta to their coverage.

Attached letter from the resident's home Program Director approving elective

Is NetCare access required?

Is E-Clinician access required?

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 Leducor Centre, University of Alberta, T6G 2X8, phone (780) 492-9722, fax (780) 492-4144.

Office of Postgraduate Medical Education

Faculty of Medicine and Dentistry

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