REQUEST FOR PART-TIME RESIDENCY TRAINING

This form is to be completed by program directors for residents who request part-time residency training. The request for part-time training must be done in advance, the resident must give a reason why part-time residency training is being requested (i.e. family responsibility) and must be approved by the program director as well as the Postgraduate Dean. A syllabus for the applicant’s entire program (full- and part-time components) must be provided by the Program Director. Part-time commitment must equal at least 50 percent of that of a full-time resident.

1. At what level of training is the applicant applying for part-time training?
   Level: 
   - PGY-1
   - PGY-2
   - PGY-3
   - PGY-4
   - PGY-5
   - PGY-6
   - PGY-7
   - PGY-8

2. Please state the start and end of the part-time training:
   Start:   /   /   End:   /   /
   day    month    year        day        month        year

3. Please provide revised end of training date for entire residency:   /   /   
   day       month      year

4. This request is at least equivalent to that of other residents in the program and that the total educational experience is fully equivalent to normal full-time residency.   YES   NO
   Please provide the percentage (%) of time: ____________________________

5. Reason for request of part-time training: ____________________________
   ____________________________
   ____________________________

6. Please attach a syllabus for the applicant’s entire program, including both part-time and full-time components.
I, Dr. _______________________________ certify that the supervision and assessment of the
part-time resident is at least equivalent to that of other residents in the program and that the total educational
experience is fully equivalent to normal full-time residency.

_________________________________________  ______________________________________
Signature of resident                                      Date

_________________________________________  ______________________________________
Signature of Program Director                               Date

_________________________________________  ______________________________________
Signature of Post-Graduate Dean                             Date

Enclosure – syllabus

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