REQUEST FOR PART-TIME RESIDENCY TRAINING

Name of resident applying for part-time training:
_________________________________________________________________________________

Please print complete name

Specialty: ________________________________________________________________________

University: _____________________________________________________________________

Name of Program Director: _____________________________________________________________________

Please print

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 dates of the part-time training:
   Start date: ______/______/______ End date: ______/______/______
   day     month     year            day     month     year

3. Please provide revised end of training date for the 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 _____

5. Please provide the percentage (%) of time: ______________________________
6. Please provide the reason for request of part-time training:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. Please attach a syllabus for the applicant’s entire program, including both part-time and full-time components.

DECLARATION

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