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**Electives Experiences - Outside the University of Toronto System, within Canada**

The Department of Family and Community Medicine expects that residents will be able to acquire the vast majority of their core educational competencies within the confines of the local program. In the rare case that a resident wishes to pursue a competency that they cannot acquire locally, “away electives” (defined as those that preclude residents from participating in their local clinics and academic half-days) may be permitted. Applications for such electives may also be considered for the purposes of career exploration; however, these experiences must also allow for the acquisition of specific, relevant clinical competencies.

Unless there are exceptional circumstances, “away electives” will be limited to a maximum of one block per academic year. Planning should begin at least three months in advance. In order to participate in an “away elective,” residents must be in good standing. Elective supervisors must be licensed physicians and be familiar with the requirements of the program.

**When completing the application (available through your Site Director’s office) keep the following in mind:**

1. Applications must be submitted well in advance of the proposed departure date (i.e. 12 weeks minimum) in order that there is time for review, consideration, approval or rejection. *Residents are advised not to secure travel arrangements or incur* *non-refundable expenses prior to receiving final approval of their application.*
2. Applications are to be submitted to the Site Director for approval.
3. All requests for elective experiences outside the University of Toronto system require approval by the Postgraduate Program Director after the Site Director has provided approval.
4. There must be well-thought-out, specific objectives, which should be reviewed with the local Site Director. In order to define the relevant outcome competencies, residents are required to complete a Learning Plan with their supervisor.
5. Residents must complete the timetable in detail including how much call coverage will be required.
6. Supervisors must complete Section #3 of the application or substitute a signed letter of intent. On occasion, it may be advisable for residents to submit the application pending completion of the Supervisor’s Declaration (in order to prevent unnecessary delays in processing the application). Residents are advised to consult with their Site Director.
7. Residents traveling outside of the University of Toronto system must comply with all registration, licensure and insurance regulations applicable to that particular university/province/country. Residents should note the following:
* You are registered as a postgraduate trainee at the University of Toronto (contact the Postgraduate Office at the sponsoring University to inquire about their registration requirements).
* Your educational license is valid in the Province of Ontario only. If necessary, you must apply to the appropriate authorities for a temporary license in the province/country you are working in.
* You are advised to verify with CMPA that your coverage is valid on this elective.
1. Residents must complete Section #4, informing us how they may be reached during the experience (telephone, fax, address, email).



**ELECTIVE EXPERIENCE APPLICATION**

**Outside University of Toronto System, within Canada**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Level**:\_\_\_\_\_\_ **Current Site**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location of Elective**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dates**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Vacation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Supervisor’s University/Hospital Affiliation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s Email Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List your specific learning objectives for this experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Outline your schedule during this experience.

 *(Be specific -- detail teaching in both ambulatory, in-patient and on call responsibility.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SAT/SUN |
| a.m. |  |  |  |  |  |  |
| p.m. |  |  |  |  |  |  |

3. **Supervisor’s Declaration**: ***(an email letter of intent may also be substituted)***

1. I agree to provide this resident direct supervision during the experience outlined above and to evaluate the trainee in writing prior to the completion of this experience.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature** **Date**

4. **Resident’s Declaration**:

I agree to comply with all registration requirements of the sponsoring University and where required, to acquire appropriate licensure and insurance coverage for the duration of this experience. I further agree to submit an evaluation of this experience on the Postgraduate Web Evaluation and Registration (POWER) system.

1. During this experience I may be contacted at:

 **Tel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**⮱ *Approved by:***

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**Site Director** **Date**

**For DFCM Office Use Only:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University Program Director** **Date**

Please return this form to Lela Sarjoo

Department of Family and Community Medicine

University of Toronto

500 University Avenue, 3rd Floor, Toronto, ON  M5G 1V7

Fax: 416-978-8179 ~ Email: familymed.postgrad@utoronto.ca

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