

Resident Transfer Request Form (*Confidential*)

Deadline is normally January 31st for all transfer request

Please refer to the Provincial Transfer policy and the McMaster policy found on MedPortal.ca

<http://www.medportal.ca/pg/policies-procedures-and-forms>

Forward completed form to Roberta Preston at prestor@mcmaster.ca or at the address/fax below

Trainee Information

Name

Current Program

Desired Program

Current Training Level

Type of Transfer

1. Intra-Provincial (*within Ontario*)

or **2. Inter-Provincial** (*within Canada*)

list Ontario schools by preference

list Canadian schools by preference

first

first

second

second

third

third

Have you done a rotation in the specialty?

Yes

No

Did you apply to this specialty in CaRMS?

Yes

No

Reason for Transfer

Signature _____

Date



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