

### General Foundation Program Specialty Transfer Form

إستمارة طلب التحويل في البرنامج التأسيسي العام

OMSB-GFP-FRM-014

1. Trainee's Full Name: .....

2. GFP #: .....

3. Level of training: Rotation          
1 2 3 4 5 6 7 8

4. Present Track: Medical  Surgical  Specialty.....

5. Start date of training: .....

6. New proposed training track: Medical  Surgical  Specialty.....

7. Reasons for transfer to a different training specialty: .....

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Trainee's signature: ..... Date: .....

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#### For the Education Committee of the GFP Use Only:

Decision of Current Education Committee:  Agree  Disagree

The committee's comments:

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.....  
.....

Program Director's name: .....

Program Director's signature: ..... Stamp:

Date: .....

**For the Wellness and Performance Section Use Only:**

The wellness and performance section has reviewed the transfer request and interviewed the trainee.    Yes                   No

Wellness and Performance Section comments will be sent in a separate report to the current education committee:

Head of Wellness and Performance section: .....

Signature: ..... Stamp:

Date: .....

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**For OMSB GFP Department Only:**

Decision of the GFP in-charge:                                   Agree                                   Disagree

GFP-in Charge: .....

Signature: ..... Stamp:

Date: .....