

## Transfer from General Foundation Program to Residency Form

إستمارة طلب التحويل من البرنامج التأسيسي العام إلى برنامج الاختصاص

OMSB-GFP-FRM 015

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 residency training program: .....

7. Starting Date of Residency: .....

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

### **FOR Sponsor's Use only (if applicable):**

Approval from the sponsor to transfer from **General Foundation Program**

to .....Training Program

Sponsor's approval:  Yes  No

Name of authorized person: .....

Authorized person signature & stamp: ..... Date: .....

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

Decision of GFP Education Committee:  Agree  Disagree

The committee's comments:

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Program Director's name: .....

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

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**For the Education Committee of the Proposed Residency Training Program Use Only:**

Decision of proposed Education Committee:  Agree  Disagree

The education committee's comments:

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Program Director's name: .....

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

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**For the Executive Board (EB) Use Only:**

Decision of the Executive Board:  Agree  Disagree

Name of EB Chairman: .....

Signature: ..... Stamp:

Date: .....

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**Notes:**

- The transfer request is valid for one (1) month after submission. If the trainee does not provide the needed requirements by OMSB, the request is considered invalid and will not be processed.
- The trainee will have to submit a new transfer form if he/she would still want to proceed with the request.