

## Transfer from Residency to General Foundation Program Form

إستمارة طلب التحويل من برنامج الاختصاص إلى البرنامج التأسيسي العام

OMSB-GFP-FRM-016

1. Resident's Full Name: .....
2. Resident's OMSB #: .....
3. Level of training: .....
4. Present training specialty: .....
5. Start date of training: .....
6. New proposed program:  Medical  Surgical Specialty.....
7. Starting Date of GFP training: .....

Residents' signature: ..... Date: .....

### **FOR SPONSOR'S USE ONLY (if applicable):**

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

Sponsor's approval:  Yes  No

Name of authorized person: .....

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

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

Decision of Current Education Committee:  Agree  Disagree

The education committee's comments:

.....  
.....  
.....

Program Director's name: .....

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

