

طلب انقطاع المتدرب عن التدريب في برامج الاختصاص والزمالة

Request for Interruption of Trainee from the Residency/Fellowship Programs**PART I:**

1. Trainee's Full Name:
2. OMSB #:Staff # (if applicable):
3. Level of training:
4. Training program:
5. Start date of training
6. Sponsor/Employer:
7. Period of Interruption: (Block/s: from..... to.....) for () blocks.
8. Reasons for Interruption from the training program:

Trainee's signature: Date:

PART II: For Sponsor's Use Only (for cases where more than one-block interruption is requested)

Approval of the Sponsor/Employer: Approved Not approved

Name of the authorized person (Must be filled):

Designation:Signature:

Date: Sponsor's/Employer's stamp:

PART III: For the Education Committee of the Specialty Use Only:

Decision of the Education Committee: Approved Not approved

The Education Committee's comments:

Chair/Program Director's name:

Chair/Program Director's signature & stamp: Date:

PART IV: FOR THE COUNSELING AND GUIDANCE SECTION USE ONLY (REFERRED BY ADMISSION & REGISTRATION SECTION/TRAINEE AFFAIRS DEPARTMENT)

The Counseling and Guidance Section has reviewed the interruption request and interviewed the trainee. Yes No

The Counseling and Guidance Section's comments will be sent in a separate report to the Director of Trainee Affairs Department:

Head of Counseling and Guidance Section:

Date: Signature: Stamp:

Note: The Trainee must complete the required data in Part I and Part II before submitting the interruption request to the Admission and Registration Section.