

استمارة التحويل من برنامج اختصاص إلى آخر

TRANSFER FROM ONE RESIDENCY PROGRAM TO ANOTHER FORM

PART I:

1. Trainee's Full Name:
 2. OMSB #: Staff # (if applicable):
 3. Level of training: R1 R2
 4. Current training program:
 5. Current training program start date:
 6. Sponsor/Employer:
 7. The training program requested for transfer to:
 8. Reasons for transfer:

- Trainee's signature: Date:

PART II: FOR SPONSOR'S/EMPLOYER'S USE ONLY

Approval from the Sponsor/Employer to transfer from Training Program
 to Training Program

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 CURRENT EDUCATION COMMITTEE'S (EC) USE ONLY

Approval from the current EC to transfer from Training Program
 to Training Program

Decision of the current EC: Approved Not approved

Current 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 transfer 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:

PART V: FOR THE EDUCATION COMMITTEE'S (EC) TO BE TRANSFERRED TO USE ONLY:

Approval of the New EC to transfer from Training Program
to Training Program

Decision of the New EC: Approved Not approved

Education Committee's Comments:

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Chair/Program Director's name:

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

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