

LETTER OF INTENT

TO: Health Planning Branch
Provincial Health Services Planning Unit
Ontario Ministry of Health

FROM: Office of Postgraduate Medical Education

RE: Intent to Leave Canada Upon Completion of Training

This document will confirm that it is the intention of the undersigned to leave Canada and/or return to his/her country of origin upon completion of training at McMaster University.

The undersigned also acknowledges that clinical fellowship training is not accreditable towards RCPSC or CFPC certification.

Name of Trainee

(PLEASE PRINT)

Level of Training

Signature of Trainee

Date