

COUNCIL OF
**ONTARIO FACULTIES
OF MEDICINE**

An affiliate of the Council of Ontario Universities

Pre-Residency Program Waiver of Exemption

All international medical graduates accepted to an Ontario Family Medicine program are required to undergo a 16-week Pre-Residency Program (PRP) in its entirety and a mandatory 12-week Assessment Verification Period (AVP).

Residents who transfer into a Family Medicine program may request an exemption from the Pre-Residency Program. The requirements for consideration of an exemption are:

1. Successful completion of a minimum of one year of postgraduate education in good standing in an accredited Residency program in Canada.
2. Demonstrated competence in the domains of education provided in the Pre-Residency Program curriculum as determined by the Residency Program Director.
3. Exemption from the Pre-Residency Program is acceptable to their Family Medicine Program Director and Postgraduate Dean.
4. The incoming resident is aware of the Pre-Residency Program objectives and curriculum, and is confident that these objectives have been fully met in his/her previous training. He/She acknowledges that the learning achieved during the Pre-Residency Program contributes to the successful completion of the Assessment Verification Period.
5. Exemption from the Pre-Residency Program may only be taken with the full understanding that failure to successfully complete the Assessment Verification Period cannot be attributed to the lack of having completed the Pre-Residency Program. Please note that failure to successfully complete the AVP will result in the resident not permitted to continue on and dismissal from the postgraduate training program.

A signed Pre-Residency Program Waiver of Exemption form must be received at the university Postgraduate Office prior to any and all exemptions being considered.

I, _____ request exemption from the Pre-Residency Program. I am familiar with the objectives and the course curriculum, and I have met these objectives in my previously completed Canadian postgraduate training experience. I acknowledge that I have successfully completed a minimum of one full year in an accredited Canadian postgraduate training program.

I understand that, as an incoming International Medical Graduate to Ontario postgraduate training, I must undertake a mandatory 12-week Assessment Verification Period. If I do not successfully complete this assessment, I withdraw any right to attribute this to my voluntary withdrawal from the Pre-Residency Program.

Resident's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Program Director's Signature: _____ Date: _____

Postgraduate Dean's Signature: _____ Date: _____

Approved by PGM:COFM
June 19, 2008