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| Resident # (CMQ) R- | Name: | First name: |
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Home University: Laval McGill Montréal Sherbrooke

Registered Program: _____

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|----------------------|-------------------|
| Site: | Host University : |
| Establishment: _____ | Other: _____ |

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| Rotation: _____ | Dates: _____ to _____ |
| | YYYY MM DD YYYY MM DD |

Residency Level: R1 R2 R3 R4 R5 R6 R7

Objectives for this rotation:

A description of the content of the rotation and of the specific objectives has been sent to the Associate Dean's Office: Yes No

Note: These documents are available upon request of the CMQ Medical Education Division

Local rotation supervisor: _____

It is a rotation outside of Québec and we, university authorities, confirm that this rotation is "scarcely or not available" in Québec : Yes No

Number of months of rotation already done in a non accredited site, excluding those covered by the present request (facultative) 1 month 2 months 3 months

Approved by:

| | | |
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| _____ | _____ | _____ |
| Program Director | YYYY | MM DD |
| _____ | _____ | _____ |
| Associate Dean | YYYY | MM DD |

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|-------------|--|
| For CMQ Use | <input type="checkbox"/> Rotation "scarcely or not available" in Québec |
| | <input type="checkbox"/> Approved <input type="checkbox"/> Refused - Reason: _____ |
| | _____ |
| | Medical Education Division |
| | YYYY MM DD |