

Notification: Resident Leave of Absence

To be completed by the Postgraduate Medical Education Office

1. Information pertaining to the trainee:

Surname: _____ CPSO number: _____
Given name: _____

2. Anticipated dates of leave: _____ to _____

3. Type of leave: (check all that apply)

- Pregnancy/Parental Leave
- Leave Without Pay
- Leave With Pay
- Compassionate/Personal Leave
- Leaving Program
- Medical Leave

For all medical leaves, please provide a detailed explanation:

4. Has the trainee ever been the subject of any type of investigation, inquiry, or proceeding relating to misconduct of any type during their postgraduate medical education at your academic institution? YES NO

If "yes", please provide a detailed explanation including all relevant names and dates

5. I agree to report any concerns relating to this trainee to the CPSO. YES NO

Signature: _____ Date: _____

To be completed by the Trainee

6. I authorize the CPSO and the Postgraduate Medical Education Office to exchange information regarding my leave of absence. YES NO

7. I certify that the information provided on this form is correct and complete. YES NO

Signature: _____ Date: _____