



**CONFIDENTIAL**  
**POSTGRADUATE MEDICAL EDUCATION - TRANSFER REQUEST FORM**

<b>Name:</b> _____
<b>Address:</b> _____
<b>Phone:</b> _____
<b>Pager:</b> _____
<b>Email:</b> _____
<b>Current Program:</b> _____
<b>Level:</b> PGY 1 2 3 4 5
<b>Internal Transfer</b> <input type="checkbox"/> <b>Intra-Provincial Transfer</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> _____
<b>Desired Program:</b> _____
<b>Preferred University:</b> _____
<b>Preferred Start Date:</b> _____

**Please outline the reasons for this request:**

I hereby give permission to the Office of Postgraduate Medical Education to release my in-training evaluation reports and academic record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Met with Manager



Evaluations sent to:	Date:
_____	_____
_____	_____
_____	_____
_____	_____

<b>FUNDING</b>					
Pool:	A	B	C	D	E
Funding stream available:			YES		NO
Funding months available:	_____				

<b>CORRESPONDENCE</b>	
Letter of Acceptance – Proposed start date:	_____
_____	_____
Program Director	Date
Letter of Release – Contract transfer date:	_____
_____	_____
Program Director	Date

Decision:	APPROVED	<input type="checkbox"/>	NOT APPROVED	<input type="checkbox"/>
_____	_____			_____
Associate Dean, Postgraduate Medical Education				Date

**NOTICE OF USE OF DATA:**

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected will be used to process your application to transfer to another postgraduate residency program at Queen’s University or another Ontario university as requested. This information will be shared with the Program Director(s), Residency Program Committee(s) or Postgraduate Dean(s) and will become a part of your permanent academic file. If you have any questions or concerns about the information collected or how it will be used, please contact Postgraduate Medical Education, Queen’s University, 70 Barrie St., Kingston, ON, K7L 3N6 or by telephone at (613) 533-2543.