**ELECTIVE TIME AWAY *(ETA)* RESIDENT APPLICATION FORM**

(The Maximum ETA for any resident is 6 months.)

**Incomplete forms will not be processed - Please complete & return to: Postgraduate Education Office, or Email: tammy.mok@utoronto.ca**

* Application for ETA **must** comply with ETA Guidelines. (see ETA policy: <https://www.psychiatry.utoronto.ca/policies-and-guidelines>)
* All Supervisors must be affiliated with a Medical School.
* POWER evaluation must be completed by supervisor or a suitable delegate in Toronto who agrees to communicate with the primary elective supervisor at least once every 3 month.
* Elective Time Away *(ETA)*  Description Form

# In Consultation with your ETA Supervisor, Residents **must** submit a one page description of the educational objectives requirements.

* A one page description of proposed assessment/evaluation mechanism to be completed by the Supervisor and signed off by the resident.
* A letter from your proposed Supervisor, describing the experience being offered, what system will be in place for evaluating your work at the proposed institution, and an agreement to supervise you during this period.
* Because of the variability in requirements across jurisdictions, residents are responsible for making sure that all necessary documentation has been acquired including licensing, malpractice insurance and any other relevant registration/practice requirements

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| **TYPE OF ETA:** | **CLINICAL** |  | **RESEARCH** | **Clinician Scientist/Scholar Program (CSP)** |
| **Non – CSP** |

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| **Full Name:** | |  | | | | **PGY:** | | | | | **4** | **5** | **Date:** |  |
| **🡪 Time Period**  ***(indicate start/end day)*** | | | | **From/To:** | | **From/To:** | | | | | | | | |
| **July – December ⭤ Maximum time allowed = 6 months ⭤ January - June** | | | | | | | | | | |
| **Names of**  **Primary Sponsoring Program/Division** | | |  | **Primary** | |  | |  | **Secondary *(if any)*** | | | | | |
|  | Adult Psychiatry & Health Systems | |  | |  | Adult Psychiatry & Health Systems | | | | | |
|  | Neurosciences and Clinical Translation | |  | |  | Neurosciences and Clinical Translation | | | | | |
|  | Child & Adolescent Psychiatry | |  | |  | Child & Adolescent Psychiatry | | | | | |
|  | Consultation/Liaison Psychiatry | |  | |  | Consultation/Liaison Psychiatry | | | | | |
|  | Geriatric Psychiatry | |  | |  | Geriatric Psychiatry | | | | | |
|  | Forensic Psychiatry | |  | |  | Forensic Psychiatry | | | | | |
|  | Psychotherapy, Humanities, and Psychosocial Interventions | |  | |  | Psychotherapy, Humanities, and Psychosocial Interventions | | | | | |
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| **Secondary  *(if any)*** | | |  | | |  | |  | | | | | | |

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| **Program Division Sponsoring Elective Time Away:** *(ETA’s will not be processed without signature approval.)* | | | | | | | | | |
| **Hospital/ Institution:** | | |  | | | | | | |
| **Supervisors Print–Full Name** |  | | | | Signature | | Date | | |
| **E-mail:** |  | | | | **Tel:** |  | | | |
| **Program/Division Head Print - Name:** | | |  | | Signature | | | Date | |
| **Departmental Approval** | | |  | |  |  | | |  | |
| Dr. Adrienne Tan, *Director* | | Date | *Vice-Chair Research (for Research applications)* | | | | Date |

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| Elective Time Away *(ETA)* Description Form | | | | | | | Page 2 | |
| **Resident Name** |  | **Project Title** | |  | | | |
| **Supervisor Name** |  | Signature |  | | Date |  | |
| **Research Project Description** – Please provide a brief description of the proposed research project and the expected length of time required to complete the project, which has been agreed upon between the applicant and supervisor. *(Do not exceed one additional page.)* | | | | | | | |

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| Clinical and Research Elective Time Away (*ETA*) Educational Objectives Form  (Educational Objectives Form must be submitted with the ETA Resident Application form) | Page 3 |

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| **Resident Name:** |  | | | | PGY |  | Signature | |  | Date | |  | |
| **ETA Supervisor Name:** | | |  | | | | Signature | |  | Date | |  | |
| **Research Project Title:** | |  | | | | | | | | | | | |
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| **EDUCATIONAL OBJECTIVES** – **Resident to Complete in consultation with the ETA Supervisor.** | | | | | | | | | | | | | |
| **Description:**  **Objectives (knowledge and skills):**  1.  **CanMEDS areas:**  **Medical Expert □ Advocate □ Communicator □ Professional □**  **Collaborator □ Manager □ Scholar □**  2.  **CanMEDS areas:**  **Medical Expert □ Advocate □ Communicator □ Professional □**  **Collaborator □ Manager □ Scholar □**  3.  **CanMEDS areas:**  **Medical Expert □ Advocate □ Communicator □ Professional □**  **Collaborator □ Manager □ Scholar □** | | | | | | | | | | | | | |
| **ASSESSMENT** – **ETA Supervisor to Complete:** Please provide a brief description of the Evaluation process that will be used to assess the Resident *(i.e. How have the ETA educational objective been met.)* | | | | | | | | | | | | | |
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| **Departmental Review:** | |  | |  | | | |  | | |  | | |
| Dr. Adrienne Tan, Program *Director* | | Date | | | | Vice-Chair  *(for Research applications only)* | | | | | Date |