**WAIVER OF TRAINING FORM**

**Waiver of Training Policy:** [**https://www.psychiatry.utoronto.ca/policies-and-guidelines**](https://www.psychiatry.utoronto.ca/policies-and-guidelines)

**Resident Information**

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Start date of training in the Program: |  |
| Include the following with this form:   1. A reflective commentary on your trajectory as a resident. 2. A letter from your current PGY5 primary supervisor attesting to your readiness for independent practice.   **Please Check**:  I have read the General Psychiatry Residency Program Waiver of Training Guidelines and agree to follow all the processes outlined in the guidelines.  I confirm that my training was not extended due to either a formal or informal remediation. | |
| Resident Signature: |  |
| Date Form must be submitted by: | October 29, 2021 at 12:00 to  [**Postgradoffice.psych@utoronto.ca**](mailto:Postgradoffice.psych@utoronto.ca) |

**FOR ADMIN USE ONLY**

|  |  |
| --- | --- |
| Waivers of Training Checklist | |
| Date of RASC meeting |  |
| Total duration of Leave (in weeks and/or months): |  |
| Resident Reflective Commentary ? | Y or N |
| Supervisor Letter of Support ? | Y or N |
| ITERs |  |
| STACERs: 1 general, 2 exit? |  |
| PCS report review | *For PGY5-pilot residents only* |
| EPAs – complete? | *Y or N, for PGY5-pilot residents only.* |
| Grand Rounds PGY2-5 complete? |  |
| Past RASC Report? |  |
| Professionalism Concerns? |  |
| Other |  |

**Approval and Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| RASC Recommendation to Program Director (Grant/Not Grant)  If recommendation not to grant, please explain why: | | | |
|  | | | |
| New Anticipated Completion Date: |  | | |
| Program Director: |  | | |
| Signature: |  | Date: |  |