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| cid:image001.jpg@01D1AF68.F828AD50**Request to do a PGME Elective in Gastroenterology at the University of Manitoba** |
| **I am a resident in Internal Medicine at the University of \_\_\_\_\_\_\_\_\_\_, seeking permission to do an elective in the Gastroenterology Program at the University of Manitoba.** |
| **Date Resident completed form / emailed form** |  |
| **Name**(First Middle **LAST**) |  |
| **Block / Elective dates** | * (Equivalent to) Block
* Start Date
* End Date
 |
| **PGY Level during the elective** | PGY  |
| **Primary Site Assigned to me by GI:** |  |
| **DOB** |  |
| **Home University** | University of  |
| **Student number from Home University** |  |
| **If applicable, former U of M Student Number and****Former U of M EPR Accuro Access ID** |  |
| **Email Address** | University: Other | Home email:  |
| **Phone number** |  |
| **Home address**(inc Postal Code) |  |
| **U of M Website re External Electives at U of M**1. <http://umanitoba.ca/faculties/health_sciences/medicine/education/pgme/Electives.html>
2. <https://wiki.umintmed.ca/index.php?title=PGME_Out_of_Province_Elective_Rotation_Process>
 |
| **Contact person at U of M to direct**  | **Suzanne Doyle**, BA CIM (Hons.)Program Administrator Manager - Internal Medicine& Program Administrator – Gastroenterology & General Internal MedicineMax Rady College of Medicinecid:image001.jpg@01D1AF68.F828AD50Tel  204-789-3888Room 805D JBRC Fax  204-975-7746Email  sdoyle1@hsc.mb.ca[www.umanitoba.ca/faculties/medicine/units/intmed](http://www.umanitoba.ca/faculties/medicine/units/intmed) |