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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 Medicine  Max Rady College of Medicine  cid:image001.jpg@01D1AF68.F828AD50  Tel  204-789-3888  Room 805D JBRC    Fax  204-975-7746  Email  [sdoyle1@hsc.mb.ca](mailto:sdoyle1@hsc.mb.ca)  [www.umanitoba.ca/faculties/medicine/units/intmed](http://www.umanitoba.ca/faculties/medicine/units/intmed) |