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Resident Transfer Request

Programs accepting a transfer resident must submit paperwork for approval of the transfer by the chair of the Residency Review Committee within 30 days of the transfer. The approval of the transfer may take up to three weeks. Confirmation letters approving resident transfers will include the resident name, year of training, effective date of transfer, and expected graduation date.

In addition to completing this form, **you must include a block training schedule for the transfer resident** which includes the length, location, and date for each scheduled rotation for the remainder of their time in your program.

A resident transfer fee will be invoiced to your program. If payment is not submitted within 30 days, or if CPME is notified after more than 31 days of acceptance, additional fees may apply. [Residency Fees are posted on the CPME website.](#)

Receiving Institution Information			
Name of Institution			
Name of program director			
Date of submission of this form			
Name of resident			
Transfer into which training year? (PGY1, PGY2, PGY3)			
Effective Date of Transfer			
Completion Date of Training			
The program director attests that resident is transferring into an open position	<u>Yes</u>	<u>No</u>	
For an off-cycle transfer, the program director attests that the transfer will not result in exceeding the number of approved positions in each year of training.	<u>Yes</u>	<u>No</u>	
The program director has reviewed and verified all information regarding previous educational experiences and the resident's progress toward and successful achievement of competencies and assigned activities which have been validated by an assessment.	<u>Yes</u>	<u>No</u>	

Releasing Institution information			
Name of Institution			
Dates of Training	Start:	End:	
Did the resident train at any other institutions? If yes, please list all previous institutions and dates of training.			
The program provided all required documentation, including completed rotation assessment forms.	<u>Yes</u>	<u>No</u>	
Resident passed parts I and II of the APMLE exam	<u>Yes</u>	<u>No</u>	

Complete the following chart about the rotations completed and scheduled for residents that started training <u>after July 1, 2023.</u>					
Rotation	Minimum Length+	DATES COMPLETED at/assessed by the Releasing Institution	FUTURE DATES Scheduled during remainder of training*		
Required Rotations:					
Anesthesiology	2 weeks				
Behavioral Sciences	2 weeks				
Emergency Medicine	4 weeks				
Medical Imaging	2 weeks				
Medical Specialty Rotations – minimum requirement of 12 cumulative weeks of training					
Internal/Family Medicine (required)	4 weeks				
Infectious Disease (required)	2 weeks				
Medical specialty rotations – training must include at least <u>two</u> of the following:					
Burn Unit	2 weeks				
Dermatology	2 weeks				
Endocrinology	2 weeks				
Geriatrics	2 weeks				
Intensive/Critical Care	2 weeks				
Neurology	2 weeks				
Pain Management	2 weeks				
Pediatrics	2 weeks				
Physical Medicine and Rehabilitation	2 weeks				
Rheumatology	2 weeks				
Wound Care	2 weeks				
Vascular Medicine	2 weeks				
Medical Specialty Rotations - minimum requirement of 12 cumulative weeks of training in medical specialties, including required rotations in Internal/Family Medicine and Infectious Disease.			<table border="1"> <tr> <td><u>Yes</u></td> <td><u>No</u></td> </tr> </table>	<u>Yes</u>	<u>No</u>
<u>Yes</u>	<u>No</u>				
Surgical Specialty Rotations – minimum requirement of 8 cumulative weeks of training. Training must include <u>two</u> of the following:					
Endovascular/Vascular (required)	2 weeks				
Cardiothoracic surgery	2 weeks				
General surgery	2 weeks				
Hand surgery	2 weeks				
Orthopedic surgery	2 weeks				
Neurosurgery	2 weeks				
Orthopedic/surgical oncology	2 weeks				
Pediatric orthopedic surgery	2 weeks				
Plastic surgery	2 weeks				
Surgical intensive care unit (SICU)	2 weeks				
Trauma team/surgery	2 weeks				
Other rotations:					
	2 weeks				
	2 weeks				
Surgical Specialty Rotations - minimum requirement of 8 cumulative weeks of training in surgical specialties, including required rotation in Endovascular/Vascular Surgery.			<table border="1"> <tr> <td><u>Yes</u></td> <td><u>No</u></td> </tr> </table>	<u>Yes</u>	<u>No</u>
<u>Yes</u>	<u>No</u>				

Current Program Information (as defined in CPME 320, *Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies* July 2023)

Category	Program Length (months)	Number of approved positions	Current number of residents (number should include the resident transferring in)
<input type="checkbox"/> PMSR	<input type="checkbox"/> 36	/ /	/ /
<input type="checkbox"/> PMSR/RRA	<input type="checkbox"/> 36 <input type="checkbox"/> 48	/ / /	/ / /

***You must include a block training schedule for the resident which includes the length, location, and date for each scheduled rotation for the remainder of their time in your program. The transfer request will not be considered without a schedule for the resident.**

By signing this form, the program director attests that they have reviewed all completed rotation assessments from the releasing Institution.

Signatures Required

Chief administrative officer (or DIO) Date

CAO of co-sponsoring institution Date
(if applicable)

Chief administrative officer (or DIO) printed name

CAO of co-sponsoring institution printed name
(if applicable)

Program director Date

Program director printed name