11400 Rockville Pike, Suite 200
Rockville, Maryland 20852
CPMEStaff@cpme.org
www.cpme.org

Council on Podiatric Medical Education

Resident Transfer Request

Programs accepting a transfer resident must submit paperwork for approval of the transfer by the chair of the Residency Review Committee. Please include this form with your request, along with 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.

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		**Yes**	**No**
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.		**Yes**	**No**
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.		**Yes**	**No**

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.			**Yes**	**No**
Resident passed parts I and II of the APMLE exam			**Yes**	**No**

A transfer fee must be received from the receiving institution within 30 days of the resident's acceptance. If payment is not made within 30 days, or if CPME is notified after more than 31 days of acceptance, additional fees apply. Residency Fees are posted on the CPME website.

CPME Resident Transfer Form

Complete the following chart about the rotations completed and scheduled for residents that started training *after July 1, 2023*.			
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 *two* 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.		Yes	No
Surgical Specialty Rotations – minimum requirement of 8 cumulative weeks of training. Training must include *two* 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.		Yes	No

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)**
☐ PMSR	☐ 36	/ /	/ /
☐ PMSR/RRA	☐ 36 ☐ 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.

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

_____
Chief administrative officer (or DIO) printed name

_____
CAO of co-sponsoring institution   Date
(if applicable)

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

_____
Program director   Date

_____
Program director printed name