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11400 Rockville Pike, Suite 200

 Rockville, Maryland 20852

CPMEStaff@cpme.org

 [www.cpme.org](http://www.cpme.org/)

**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:

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| **Receiving Institution Information** |
| Name of Institution |  |
| Name of program director |  |
| Date of submission of this form |  |
| Name of resident |  |
| Transfer into which training year? |  |
| 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** |

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| **Releasing Institution information** |
| Name of Institution |  |
| Dates of Training | Start: [mm/dd/yy] | End: [mm/dd/yy] |
| 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](https://www.cpme.org/files/CPME/2022-10_Residency_Fees.pdf).

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| ***Complete the following chart to provide information about the rotations completed and scheduled for residents that started training prior to July 1, 2023.*** |
| **Rotation** | **Dates completed at/Assessed by the Releasing Institution**  | **Dates scheduled during remainder of training\*** |
| **Required Rotations:** |
| Anesthesiology |  |  |
| Behavioral Sciences |  |  |
| Emergency Medicine |  |  |
| Family Practice |  |  |
| Infectious Disease |  |  |
| Internal Medicine |  |  |
| Medical Imaging |  |  |
| Pathology |  |  |
| General Surgery *(competencies & assessments separate from vascular surgery)* |  |  |
| Podiatric Medicine |  |  |
| Podiatric Surgery |  |  |
| **Medical subspecialty rotations (include training in at least *two* of the following)** |
| Burn Unit |  |  |
| Dermatology |  |  |
| Endocrinology |  |  |
| Geriatrics |  |  |
| Intensive/Critical Care |  |  |
| Neurology |  |  |
| Pain Management |  |  |
| Pediatrics |  |  |
| Physical Medicine and Rehabilitation |  |  |
| Rheumatology |  |  |
| Wound Care |  |  |
| Time spent in the ***Infectious Disease*** + time spent in the ***Internal Medicine*** and/or ***Family Practice*** rotation + time spent in the ***two Medical Subspecialty*** rotation = at least ***three full-time months*** of training: | Yes | No |
| *If no, please provide an explanation:*  |
| **Surgical subspecialty rotation includes training in at least *one* of the following:** |
| Orthopedic Surgery |  |  |
| Plastic Surgery |  |  |
| Vascular Surgery |  |  |
| **Other rotations:** |
|  |  |  |
|  |  |  |
|  |  |  |
| Time spent in residency training will total 36 months | Yes | No |

\* Attach a schedule for the resident which includes the length, location, and date for each scheduled rotation.

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| ***Complete the following chart to provide information about the rotations completed and scheduled for residents that started training after July 1, 2023.*** |
| **Rotation** | **Minimum****Length+** | **Completed at/Assessed by the Releasing Institution**  | **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 |
| Time spent in residency training will total 36 months | Yes | No |

+ All rotations must be block or sequential, case-by-case rotations are not allowed.

\* Attach a schedule for the resident which includes the length, location, and date for each scheduled rotation.

**Signatures Required**

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Chief administrative officer (or DIO) Date

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Chief administrative officer of co–sponsoring institution (if applicable) Date

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Program director Date