



**REQUEST  
FOR CONFIRMATION OF TRAINING  
FOR RESIDENTS**

Requests for *Confirmation of Training* forms (CofT) should be used for cases of partial training confirmation. The completed form should be forwarded along with the PSCF (4026A) form (for termination) at least two (2) weeks prior to date required. Programs are requested to complete the following information in full and submit it to the Postgraduate Medical Education Office. Please note all *Confirmation of Training* forms are bilingual.

PLEASE PRINT:

**NAME** \_\_\_\_\_  
(As it should appear on the CofT – (middle name: initials only))

**PROGRAM** \_\_\_\_\_

**PERIOD OF TIME RELEVANT TO REQUEST**

**DATES OF TRAINING:**

\_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**\* DATE THE CofT IS REQUIRED:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PROGRAM DIRECTOR (Mandatory):**

<b>For office use only</b>
<b>Date of reception of certificate request:</b> _____
<b>CofT issued and sent on:</b> _____

**\* CofT will not be issued in a time period exceeding ONE month from termination date.**