

*If requesting the addition or amendment of an Inter-Institution Affiliation (IIA) Agreement between full accreditation reviews, please include a covering letter providing the rationale for the addition of the IIA (for example, a change in the STR, resources available, or number of residents) along with the signed IIA for Program Completion form.*

**Royal College of Physicians and Surgeons of Canada**  
**Inter-Institution Affiliation (IIA) Agreement**  
**for Program Completion**

**Definition:** This type of inter-institutional affiliation applies when a medical school has sufficient resources to provide most of the required components of a residency program, but lacks the resources to provide one or more essential elements as defined by the discipline's specialty-specific standards.

**Name of Program:** \_\_\_\_\_

**Home School:** \_\_\_\_\_

**Receiving School:** \_\_\_\_\_

**Rotations/Experience required:** \_\_\_\_\_  
**Specialty-specific requirement(s)**  
**(OTR/STR/CTR/SSA):** (e.g. OTR 1.5) \_\_\_\_\_

**Duration:**     Months:                       Weeks:                       Blocks: \_\_\_\_\_

**Number of residents per year (approximately):** \_\_\_\_\_

**Description of rotation** (including major goals and objective of rotation)  
(to be completed by the home school)

## Authorizations

### Home School

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Program Director  
Print name

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Program Director  
Signature

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Date

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Postgraduate Dean  
Print name

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Postgraduate Dean  
Signature

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Date

### Receiving School

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Program Director  
Print name

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Program Director  
Signature

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Date

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Postgraduate Dean  
Print name

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Postgraduate Dean  
Signature

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Date