

Please use this form when reporting the release of a matched applicant from their match contract obligations and return to operations@carms.ca.

The release must adhere to the Applicant Release Policy or the applicant will not be eligible for participation in the current or future matching processes.

CaRMS will confirm applicant release via email with both the residency program and applicant.

Matched applicant name:

Applicant CaRMS ID:

Year and match:

Institution:

Program Name:

Did the applicant begin their residency training? Yes No Start date:
Release date:

Did this applicant complete more than 45 days of residency training? Yes No

Reason for release request:

- Demonstrated applicant hardship
- Failure to complete the pre-assessment period (IMGs only)
- Unable to obtain an educational license/certificate/ permit/ registration from the applicable provincial MRA
- Unable to obtain an MD by start date

Other (please explain):

Printed Name of Undersigned:

Signature of Associate Dean, postgraduate
medical education (or equivalent):

Date:

Be sure to save your completed form before closing. Email it to operations@carms.ca.