**Clinical Research Certificate**

Course Completion Checklist

Please use this check-off sheet to keep a record of your courses and for discussion with the Program Director during your quarterly meeting.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**: |  | | **Target End Date:** |  |
| **Start Date:** |  | | **Actual End Date:** |  |
| **Requirements** | | **Proposed**  **Start Date** | **Proposed Completion Date** | **Actual**  **Completion Date** |
| FD01: Appraising & Applying Evidence to Assist Clinical Decision Making  **OR**  FD05: Research Issues in Family Medicine/ Primary Care | |  |  |  |
| Elective Course #1  (one of FD01, FD05, FD13, FD16, FD18, FD23: | |  |  |  |
| Elective Course #2  (one of FD01, FD05, FD13, FD16, FD18, FD23): | |  |  |  |
| FD91:  Clinical Research Practicum | |  |  |  |
| **Other Courses** (Optional)  *Additional fees will apply* | | |  |  |
| 1. | |  |  |  |
| 2. | |  |  |  |
|  | |  | Last updated: |  |
| Practicum Tile: | | | | |
| Practicum Supervisor + Location: | | | | |