**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.

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| **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:  |