**Clinical Teacher 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** |
| FD07: Teaching & Learning (A): Principles and Theories |       |       |       |
| FD08: Teaching & Learning (B): Practical Issues and Approaches |       |       |       |
| FD90:Medical Education (Teaching) Practicum |       |       |       |
| Elective Course (one):      |       |       |       |
| **Other Courses** (Optional) *Additional fees will apply* |  |  |
| 1.       |       |       |       |
| 2.       |       |       |       |
|  |  | Last updated: |       |