**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** |
| FD05:  Research Issues in Family Medicine/ Primary Care | |  |  |  |
| Elective Course #1  (one of FD01, FD13, FD16, FD23 or Pilot: Using Data): | |  |  |  |
| Elective Course #2  (one of FD01, FD13, FD16, FD23 or Pilot: Using Data): | |  |  |  |
| FD91:  Clinical Research Practicum | |  |  |  |
| **Other Courses** (Optional)  *Additional fees will apply* | | |  |  |
| 1. | |  |  |  |
| 2. | |  |  |  |
|  | |  | Last updated: |  |