**Medical Education Fellowship**

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 |       |       |       |
| Approved Medical Education PairCourse 1:       |       |       |       |
| Approved Medical Education PairCourse 2:       |       |       |       |
| FD90: Medical Education (Teaching) Practicum  |       |       |       |
| FD91: Research / Creative Professional Activity |       |       |       |
| Elective Course #1:      |       |       |       |
| Elective Course #2:       |       |       |       |
| Elective Course #3:      |       |       |       |
| Elective Course #4:       |       |       |       |
| **Other Courses** (Optional) *Additional fees may apply* |  |  |  |
| 1.       |       |       |       |
| 2.       |       |       |       |
|  |  | Last updated: |       |