Designated Resident Quarterly Evaluation

RESIDENT:		
REPORT		
PERIOD:		
MONTH ROTAT	ION	PRECEPTOR
Rotation 2		
Rotation 3		
NIH/CITI research module completed	Yes	No
OMT procedure logs	I/P	O/P
OMT/OPP Evaluations reviewed	Yes	No
Osteopathic In- Service Exam reviewed	Yes	No
Resident Counseled	Yes	No
Continuity of Care evaluation A. Office patient encounters B. Financials discussed with resident	Yes	No
Committee meetings attended		
Osteopathic Scholarly Activity:		
Journal Club		
Poster Presentation		
OMT Case presentation		
Goals:		
Comments:		

Resident	Date
Director of Osteopathic Education/Evaluat	tor Date