

Designated Osteopathic Resident Quarterly Evaluation

RESIDENT:

REPORT

PERIOD:

	<u>MONTH</u>	<u>ROTATION</u>	<u>PRECEPTOR</u>
Rotation 1			
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	Yes _____	No _____	
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/Evaluator

Date