

**Subject Name**

Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: Evaluator Name

Status
Employer
Program

Clinical Competency Committee Progress Report

1 Resident's Advisor

Dr. Hardy	Dr. Khurana	Dr. Lester	Dr. Hilbert	Dr. Salzberg
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2 Date of Meeting:**3 Members Present:**

CCC RECOMMENDATION:

4 The resident meets the ACGME and/or AOA requirements for his/her level of training.

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5 The resident does not meet the ACGME and/or AOA requirements for his/her level of training.

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6 After thorough review of this Resident's evaluations, test scores and Faculty recommendations, the Committee agrees that the Resident's performance meets the milestones expected for his/her level of training.

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Comment

7 After thorough review of this Resident's evaluations, test scores and Faculty recommendations, the Committee agrees that the Resident's performance does not meet the milestones expected for his/her level of training. Specific areas of concern are noted below.

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Comment

By signing this evaluation, the resident confirms that he/she has reviewed his/her current milestone assessment.