



**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.**

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

**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.**

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.**

Comment

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