APPENDIX HH: RESIDENCY REQUIREMENTS FOR COMPLETION

**OPTOMETRY RESIDENT CERTIFICATE OF COMPLETION CHECKLIST** (updated 5/15/23)

RESIDENT: DATE:

|  |  |
| --- | --- |
| Time Completed |  |
| Successful CCC Evals 2/6/8 mos |  |
| Completed Evals of Staff at 6/12 mos |  |
| Completed Evals of Coordinators at 6/12 mos |  |
| Completed Evals of Program at 6/12 mos |  |
| Completed Evals of Rotations at 6/12 mos |  |
| Completed Evals of Self at 2wk/6mos/12mos |  |
| Participated in PREC at 6/12 mos |  |
| Went to 3 CFSOP Meetings |  |
| Went to Major OD CE Meeting (12 hours) |  |
| Presented Journals to Group |  |
| Presented Slide Quizzes to Students |  |
| Completed VA Assigned OD TMS Activities |  |
| Grand Rounds PPT1 |  |
| Grand Rounds PPT2 |  |
| Grand Rounds PPT3 |  |
| Poster/Paper |  |
| Patient Logs |  |
| Rotation Logs |  |
| Student Supervision Log |  |
| Scholarly / Didactic Activity Log |  |
| Employee Exit Survey Done |  |
| Learners' Perception Survey Done |  |
| All CPRS Records Signed |  |
| Surrogate Assigned |  |
|  |  |
| Future Living Address |  |
| Future Cellphone |  |
| Future Email |  |
|  |  |
| Current Job Prospects |  |
|  |  |
| ID Badge Returned to Education |  |
| Clearance Form Done / Returned to |  |
|  |  |
| **CERTIFICATE**  |  |
| yes |  |
| no / why not |  |
| given to resident / mailed |  |