

Resident Project Submission Form

First Name: _____

Last Name: _____

Project Title: _____

- Project Type:**
- | | |
|---|---|
| <input type="checkbox"/> Clinical Audit | <input type="checkbox"/> Patient Education Project |
| <input type="checkbox"/> Case Report | <input type="checkbox"/> Practice Tools Development |
| <input type="checkbox"/> Research Project | <input type="checkbox"/> Medical Education Project |
| <input type="checkbox"/> Systematic Literature Review | <input type="checkbox"/> Community Outreach Project |
| <input type="checkbox"/> Major Essay | <input type="checkbox"/> Other: _____ |

My project has been reviewed by the Resident Project Coordinator (Kelsey Klages) Yes No
*Please note that your project is to be reviewed by the Resident Project Coordinator BEFORE it is reviewed and approved by your supervisor.

Resident Project Day

- Type of Presentation:** Oral Presentation
 Poster Presentation
 Fall Completion*
 Date/Time of Presentation at your Centre: _____
*Select ONLY if you are completing your residency in the Fall.

I give permission for my project to be posted online as an example for future Residents. Yes No

Residents Signature: _____ Date: _____

To be completed by your Supervisor

I have reviewed the project and approve it to be submitted to the Department of Family Medicine for evaluation.

Supervisor Name: _____

Signature: _____ Date: _____

Section to be completed by Administrative Staff

Date: Evaluator: To be returned: