

**Subspecialty Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fellow Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mentor(s):**

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**Oversight Committee (name, discipline and email):**

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**Year 1 Activities:**

**Date of meeting: \_\_\_\_\_\_\_\_\_\_**

**❑ 1st meeting: Fall (after boards)**

**❑ 2nd meeting: Winter**

**❑ 3rd meeting: Spring (May)**

**Checklist:**

Suggested MilestoneSuggested Date Due Sign-off Date

**❑** Review SOC process, Fall Year 1

goals, requirements, milestones,

time line by program director,

fellow’s initial questions fielded.

**❑** Present overviewto SOC Winter Year 1

preliminary goals, course work

choice of mentor(s)

identification of funding opportunities.

**❑**Present finalized goals to SOC Spring Year 1

identify additional contributors/courses

present proposed course of scholarly activity

provide plan for 2nd and 3rd years

pre-submit written proposal for review

tentatively identify proposed work product

preliminary grant proposal submission.

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Is the fellow’s scholarly activity appropriate to meet the ABP guidelines?**  **Yes No**
2. **Are there additional courses beyond the core curriculum required ? Yes No**

**If yes provide details in “Comments” space, below**

1. **Is the project hypothesis driven? Does it reflect critical thinking? Yes No**
2. **Does this research project involve (may apply to more then one):**

**Basic Biomedicine Yes No**

**Translational Biomedicine Yes No**

**Clinical Biomedicine Yes No**

**Health Services Yes No**

**Quality Improvement Yes No**

**Bioethics Yes No**

**Education Yes No**

**Public Policy Yes No**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. What specific “work product” is the Candidate proposing to generate?**

**Peer-reviewed, first-author publication Yes No**

**In-depth manuscript describing a completed project Yes No**

**Thesis or dissertation to obtain an advanced degree Yes No**

**Accepted/favorably reviewed extramural grant application Yes No**

**Detailed progress report for complex, multi-year projects Yes No**

**7. Has a written proposal been presented and discussed ?**  **Yes No**

**8. Has the oversight committee approved the written proposal? Yes No**

**If so, append this report.**

**9. Are there any concerns that the proposed project could be completed in the timeline set forth by the SOC?**

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**Proposed Action plan needed if assistance is required or if requirements are not being met:**

**Not applicable**

**Applicable**

**Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Schedule next meeting:**

**Scholarly Oversight Committee signatures:**

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