

Resident Procedure Tracking Form
 University of Kansas School of Medicine

A Program Representative must approve each procedure performed by a Resident.

Resident Name: _____

Program Year: _____ Clinical Area: _____

SSN: _____ DOB: _____

Program Start Date: _____ Projected Completion Date: _____

A Program Representative must indicate below whether or not the Resident named above has demonstrated the ability to perform the following procedures without supervision:

Procedure	May Perform w/out Supervision?		Approved by Program Representative (<i>Signature</i>)	Date	Initials ★ (MSO only)
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
7.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
9.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
10.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Upon successful completion of each procedure by a Resident, this form is to be directed to the Medical Staff Office (MSO), Room G246, KU Hospital.

★ Column completed by the Medical Staff Office only.