

**Scholarship Oversight Committee (SOC)
Initial Program Planning**

Meeting Date: _____

Subspecialty Resident: _____ Training Program: _____

Program Director: _____

Training Start Date: _____ Planned Completion Date: _____

Scholarship Oversight Committee Members & Guests
(Must include 3 faculty, Program Director may only be a guest)

Participant	Member/ Guest	Specialty	New or Continuing	Signature
Chair:	M		N	
Resident:	M		N	
Program Director:	G		N	

Additions/Changes to SOC Membership:

Scholarly Activity Topics / Interest Area(s):

Proposed Scholarship Activity Work Products (see attached)

Next Steps:

Next Meeting to be Convened by Chair _____
Month/Year

Copies to: Resident, Program Director, GME Office