

**Scholarship Oversight Committee (SOC)
Ongoing Monitoring & Evaluation**

Meeting Date: _____

Subspecialty Resident: _____ Training Program: _____

Program Director: _____

Training Start Date: _____ Planned Completion Date: _____

Scholarship Oversight Committee Members & Guests

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

Additions/Changes since last meeting:

Progress toward Scholarly Activity Work Products (see attached)

Next Steps:

Next Meeting to be Convened by Chair _____
Month/Year

Attachments

Copies to: Resident, Program Director, GME Office