



*American College of Osteopathic
Obstetricians and Gynecologists
8851 Camp Bowie West, Suite 120
Fort Worth, TX 76116*

RESIDENT RESEARCH REQUIREMENT REPORT

RESIDENT NAME (PLEASE TYPE)

RESIDENT AOA #

HOSPITAL/INSTITUTION (PLEASE TYPE)

PROGRAM DIRECTOR (PLEASE TYPE)

SIGNATURE

INSTRUCTIONS: Circle one of the following three (3) requirements which was met by the resident named above, complete form and submit this form to ACOOG. **REQUIRED DOCUMENTATION (hard copy of research projects) MUST BE KEPT ON FILE BY THE INSTITUTION'S DIRECTOR OF MEDICAL EDUCATION FOR SUBSEQUENT INSPECTIONS AS OF JULY 1, 1996.**

CHECK ONLY ONE:

1. Conducting, writing and presenting of original research studies (basic science, clinical studies, health sciences).

Title

Date of Presentation/Location

2. Conducting, writing and presenting retrospective studies (medical records analysis).

Title

Date of Presentation/Location

3. Conducting, writing and presenting a case series to include a review of the literature.

Title

Date of Presentation/Location

- Program Director's signature verifies that the resident has completed a qualifying research project as described above.