

Dalhousie University Family Medicine PGY2 Resident  
**Project Progress Report (Form III)**

Resident: \_\_\_\_\_

Project Supervisor: \_\_\_\_\_

Title of Resident Project: \_\_\_\_\_

\_\_\_\_\_

Type of Project: \_\_\_\_\_

*(please specify: research, educational tool, literature appraisal/EBM review, position paper/essay, practice quality improvement/audit)*

As the Project Supervisor I have reviewed the *progress* of the resident project.

Signature of Project Supervisor: \_\_\_\_\_

Signature of Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Comments:

Please send a copy of this completed form to the Project Coordinator no later than the  
**2<sup>nd</sup> Monday in September**

Please send an electronic version of the signed copy to the Education Committee Secretary  
(fmcommittees@dal.ca)