Evaluated By: evaluator's name

Evaluating : person (role) or moment's name (if applicable)

Dates : start date to end date

*Project Title:

Form IV: Project Final Approval for Assessment.

Please submit this one45 form no later than the first Tuesday in January of the PGY2 year.

*As the Project Supervisor, I have reviewed and approved the final draft copy of the resident project for assessment:
C No
C Yes
As the Project Co-supervisor (if applicable), I have reviewed and approved the final draft copy of the resident project for assessment:
C No
○ Yes
Comments:

Research Ethics Board (REB) Application Status:

	n/a	No	Yes
*Did this project require REB approval?	0	0	0
*If yes, was REB obtained?	0	0	0

^{*} indicates a mandatory response