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**Resident Requirement Checklist**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **R1** |  | **Notes** | **Date completed** |
|  | **AOCD Resident Membership Application (CV / Photo / etc)** |  |  |
|  | **15 In-patient consults** |  |  |
|  | **JAOCD Publication x1** |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Program required article - 2**  |  Status – Submitted / AcceptedTitle –Attending -  |  |
|  | **Program required article – 3** |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Elective** |  |  |
|  | **Radiation Oncology rotation** |  |  |
|  | **Hair Transplant rotation** |  |  |
| **R2** |  |  |  |
|  | **Poster** |  |  |
|  | **15 In-patient consults** |  |  |
|  | **Program required article - 1**  |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Program required article – 2** |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Program required article - 3** |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Elective** |  |  |
|  | **Cosmetic Laser rotation** |  |  |
| **R3** |  |  |  |
|  | **AOCD - 20 minute presentation** |  |  |
|  | **15 In-patient consults** |  |  |
|  | **Program required article - 1**  |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Program required article – 2** |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Program required article - 3** |  Status – Submitted / AcceptedTitle –Attending - |  |
|  | **Elective** |  |  |
|  | **Cosmetic Laser rotation** |  |  |
|  |  |  |  |
| **R1-R3** |  |  |  |
|  | **Gross/Micro Abstract - AAD** |  |  |
|  |  |  |  |