**[Program Name]**

**Competence Committee – Meeting Agenda**

**Date:**

**Time:**

**Location:**

CC Members:

Regrets:

Guests:

**Items to Discuss**

1. Minutes from previous meeting
2. Follow-up activities from last meeting
3. Review of residents

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Allotted time | Resident Name - Year | Primary Reviewer | Secondary Reviewer, if applicable | Academic Advisor, if applicable |
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1. Monitoring of Competence Committee information, systems, and processes

Monitoring of residency program (e.g. EPA plans that may need revision, sites where EPA assessments were low/high).

1. Completion of CC memo to RPC form and communication with Associate PG Dean if necessary

**YEAR-YEAR CC Meeting Dates**

* 1. Date
	2. Date
	3. Date
	4. Date

**Important Dates to Remember**

OSCE:

Standardized test: