

**RESIDENT AS TEACHER RESIDENT ROSTER  
Please return this completed form to the Clerkship Coordinator**

Residency Program (e.g. Internal Medicine, Surgery, etc.):

Hospital/Site:

Residency or Clerkship Program Director (typed name shall constitute an electronic signature):

Date:

The following interns and residents have attended one or more Resident-as-Teachers sessions and have received the BUSM clerkship learning objectives and are oriented to the assessment and policies.

| Intern  🗸 | Resident  🗸 | Name |
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| Intern  🗸 | Resident  🗸 | Name |
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