**Checklist for Residency Site Review 2021**

**Site Name and Institutional Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPNME Meeting Date: \_\_\_\_\_\_\_\_\_**

***For the above site, please review each submission—presented under each of the following headings—and either check off the submission as satisfactory or write a note indicating issues or concerns. For each Residency Site Review use a separate checklist.***

1. **Affiliation Agreement…………………………Yes\_\_\_\_\_ No\_\_\_\_\_**
2. **Residency Manual……………...………………Yes\_\_\_\_\_ No\_\_\_\_\_**
3. **Master Document for the Site:**
	1. **Introduction……………………………Yes\_\_\_\_\_ No\_\_\_\_\_**
	2. **Stated Goals…………………………… Yes\_\_\_\_\_ No\_\_\_\_\_**
	3. **Resource Base…………………………. Yes\_\_\_\_\_ No\_\_\_\_\_**
	4. **Patient Base…………………………… Yes\_\_\_\_\_ No\_\_\_\_\_**
	5. **Resident Workload……………………. Yes\_\_\_\_\_ No\_\_\_\_\_**
	6. **Resident Rights………………………... Yes\_\_\_\_\_ No\_\_\_\_\_**
	7. **Resident Responsibilities……………... Yes\_\_\_\_\_ No\_\_\_\_\_**
	8. **Formative Evaluation…………………. Yes\_\_\_\_\_ No\_\_\_\_\_**
	9. **Summative Evaluation…………………Yes\_\_\_\_\_ No\_\_\_\_\_**
	10. **Research/Scholarly Activity……………Yes\_\_\_\_\_ No\_\_\_\_\_**
	11. **Continuing Medical Education………...Yes\_\_\_\_\_ No\_\_\_\_\_**
	12. **Quality Assurance Involvement……… Yes\_\_\_\_\_ No\_\_\_\_\_**
	13. **Outstanding Recommendations………Yes\_\_\_\_\_ No\_\_\_\_\_**
	14. **Last Update……………………………. Yes\_\_\_\_\_ No\_\_\_\_\_**

*Please use separate pages to attach notes and email an electronic copy of your review to* *danseitz@cnme.org* *prior to the CPNME meeting.*