



**Council on
Diagnostic Imaging**



RADIOLOGY RESIDENT'S PROGRESS REPORT

(Please complete, sign, and present this report directly to the *director* of your college's radiology department. They in turn, must complete Part 2. Both parts must be sent directly to the Council Secretary by *October 15th, February 15th, or June 15th.*)

NAME: _____ COLLEGE: _____
THIS REPORT IS TO COVER THE PERIOD ENDING _____.

In the time period, described above, how many weeks were you involved, full time, in your residency program? _____. How many hours per week? _____.
 (If the preceding answer did not cover the entire period, please provide a brief explanation for the discrepancy.)

Was your residency time spent **on-campus, off-campus, or both?**
 (Further describe the nature, extent, and reason for all off-campus time.)

Provide a brief descriptive outline of your activities with the residency program during the above time period. (Include teaching duties, research projects, work/study projects, writing projects, etc. as applicable, and state your level of responsibility in each.)

Provide title(s) of articles submitted to the Council for publication since the last grant period and the date submitted.

Resident's signature and date

Date residency began: _____ Date residency is scheduled to end: _____

Fill this form out on your computer in the fields provided, print, sign and date and sent to the CDI Secretary, Dr. Steven Gould at PO Box 190, Cheney, KS 67025