

Goals and Objectives Review Attestation

Name:

Level in Program:

Academic Year:

Instructions: For the academic year (July to June), fill in the below table. Review the goals and objectives of each rotation and consult the attending as necessary **before the start** of your rotation. Sign your initials for each rotation to attest to the following:

I verify that I have read and reviewed the goals and objectives for the rotation I am about to start and have had adequate opportunity to discuss them with the attending radiologist.

	Rotation	Dates	Hospital	Primary Attending	Resident Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					