

**THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
DEPARTMENT OF INTERNAL MEDICINE
HOUSE OFFICER SCHOLARLY ACTIVITY
CERTIFICATION OF COMPLETION**

Name: _____

Residency Year: _____

Mentor(s): _____

Type of Project: _____

Full Title of Project: _____

Site(s): _____

Completion Date: _____

Presentation date: _____ Presentation location: _____

Resident Signature: _____

Date: _____

Mentor Review of Scholarly Project:

I have reviewed the above information and attached information. I do do not certify that the research or scholarly activity noted above has been completed and that the resident has fulfilled the requirement for research or scholarly activity as required by the Department of Internal Medicine.

Signature: _____

Date: _____

Approved/noted: _____ Date: _____

Committee for House Officer Scholarly Activity (CHOSA)

Approved/noted: _____ Date: _____

Residency Program Director

cc: House Officer, Mentor, Office of Education, File

Please return this form to the Office of Research, DOIM, MSC 10 5550, ACC-5th floor.