**Program Name Clinical Competency Committee Minutes**

Date

**CCC Members in attendance:**

|  |  |
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| Member  Faculty 1  Faculty 2  Faculty 3  Faculty 4 etc.  Name of Program Director (if a member, should be ad hoc) | Role  Faculty  Faculty  Faculty  Faculty  Program Director |

**Residents reviewed:**

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| 1.  2.  3.  4.  5.  6.  7.  Etc. |

**Actions recommended to Program Director:**

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| 1.  2.  3.  4.  5.  Etc. |