**Program Name Clinical Competency Committee Minutes**

Date

**CCC Members in attendance:**

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