

**Diagnostic Radiology Fellowship Program**

**Fellowship Requirements Completion Form**

**Fellow’s Name:** Click or tap here to enter text. **Email:** Click or tap here to enter text.

**Year:** Click or tap here to enter text. **Subspecialty:** Click or tap here to enter text.

📌 *Please review full fellowship requirements here:* [*medical-imaging.utoronto.ca/cr*](https://medical-imaging.utoronto.ca/cr)  
 *Submit completed form and supporting documents, to Sarah Bakhit at*

[**mi.fellowships@utoronto.ca**](mailto:mi.fellowships@utoronto.ca)

1. **Research Academic Project – check the appropriate box**

**Research Manuscript**

- submitted first author original manuscript using approved template provided

**Educational Project**

- submitted description of educational project, related educational

Material/software (if applicable)

**Quality Initiative (QI) Project**

- QI project planned and approved by supervisor

- Project includes clear deliverables and demonstrated improvements

- Submitted first-author manuscript on QI project

**Research Supervisor’s Confirmation**

**I,** Click or tap here to enter text.**, confirm the above checked requirement has been satisfactorily met.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap here to enter text.

**2. Procedure and Academic Logbooks –** templates here**:** [medical-imaging.utoronto.ca/cr](https://medical-imaging.utoronto.ca/cr)

**Procedure Log – use template provided**

- Included dates, procedure type, participation extent,

physician name and summary sheet of procedure totals

**Academic Log - use template provided**

- Included formal presentations, research project updates (publication status and

estimated completion dates for ongoing work

**3. Patient Confidentiality and Privacy**

Confirmed that patient identifiers are excluded from logs

Aware of institutional privacy policies and regulations

No patient information shared publicly or on social media

**4. POWER Evaluations**

Completed evaluations at 2, 6, and 11 months (August, December, June)

- Contact [power.help@utoronto.ca](mailto:power.help@utoronto.ca) if you haven’t received evaluation notice

**5. PGME Registration Requirements - review POWER Account for outstanding item(s)**

PGME Fees paid - [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca)

CPSO registered/Valid Work Visa - [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca)

Immunization records up to date - [pgme.immunization@utoronto.ca](mailto:pgme.immunization@utoronto.ca)

Required modules/VSS completed - [postgrad.med@utoronto.ca](mailto:postgrad.med@utoronto.ca)

**Form submission date:** Click or tap here to enter text.

**Comments:** Click or tap here to enter text.