



GHANA COLLEGE OF PHYSICIANS AND SURGEONS

RESEARCH SUPERVISION ACTIVITY FORM

Name of Resident:

Resident Number:

Name of Supervisor:

Department:

Training institution:

Date of commencement of Fellowship training:

No.	Date	Subject of Meeting	Remarks
1.0 Research Topic			
2.0 Research Proposal			

3.0 Ethical Approval of Research

4.0 Progress on Data Collection, Analysis and Results
