**Intern Remediation Referral**

**Intern/Student Name:** Click or tap here to enter text. **Date of Referral:** Click or tap to enter a date.

**Name of Referring Faculty:** Choose an item. **Term:** Choose an item. **Year:** Choose an item.

**Reason for Referral/Identified Areas for Improvement:** *specific knowledge, technique, or skill deficiency*

Click or tap here to enter text.

**Clinician eSignature and Date:** Choose an item. **Date:** Click or tap to enter a date.

**Remediation Plan**

**Faculty/Administration Guiding the Remediation:** Choose an item. Choose an item.

**Planned Course of Action:**

Click or tap here to enter text.

**Remediation Outcome Report**

**Remediation Completed: Yes  No  Date Completed:** Click or tap to enter a date.

**Method of Re-assessment:**

Click or tap here to enter text.

**Remediation Summary:** *dates, timeline, activities, goals met, goals not met, comments*

Click or tap here to enter text.

**Further Action Needed: Yes  No** *If Yes, submit new Remediation Referral Form*

**Clinician eSignature and Date:** Choose an item. **Date:** Click or tap to enter a date.