UB Graduate Medical Education
Core Curriculum Requirements Procedure

Master Session Program Wide Waiver Form

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1. Program Name: _____

2. Academic Year: _____
   (an updated form will be required each academic year)

3. Please indicate the topic area this form refers to (only one per form):

   Research and Statistics

   Ethics

   Practice Based Learning & Improvement (formerly Evidence Based Medicine)

   Systems Based Practice (formerly Population Based Medicine)

4. Please provide a detailed description of how you educate residents/fellows in this area. Include details such as goals and objectives and teaching method (e.g. frequency of sessions, seminars, videotapes, computer assisted instruction, etc.).

5. Indicate the PGY level(s) of residents/fellows who received this training. GME staff will enter data into University at Buffalo (UB) E*Value system which will show them as "exempt" from attendance at the Master Sessions.

6. Describe how this training is evaluated.

7. Signature of Program Director _____ Date _____