

# Teaching Certificate Program Progress Report

(Reviewed/revised 06/16/21)



UNIVERSITY of MARYLAND  
SCHOOL OF PHARMACY

<b>Resident/Fellow Name:</b> Click or tap here to enter text.
<b>Faculty Mentor Name:</b> Click or tap here to enter text.
<b>Date:</b> Click or tap to enter a date.

***PLEASE NOTE: The Fall semester TCP progress report must be completed by December 15. The Spring Semester progress report must be completed by June 30. Please use the same form for both semesters.***

<b>To be completed by Resident/Fellow:</b>		
<b>1. Please list teaching activities completed during the Fall semester:</b> Click or tap here to enter text.		
<b>2. Please list teaching activities completed during the Spring semester:</b> Click or tap here to enter text.		
<b>3. Progress on Required Teaching Activities</b> (All activities must be completed by June 25th)	<b>Title of Teaching Activity</b>	<b>Date Completed OR Anticipated Date of Completion.</b>
<b>Pharmacotherapy Rounds</b>	Click or tap here to enter text.	Click or tap to enter a date.
<b>Lecture</b>	Click or tap here to enter text.	Click or tap to enter a date.
<b>Case discussion</b>	Click or tap here to enter text.	Click or tap to enter a date.
<b>Precepting student pharmacists</b>	Click or tap here to enter text.	Click or tap to enter a date.
<b>4. Teaching strengths and opportunities for improvement identified during the Fall Semester:</b> Click or tap here to enter text.		
<b>5. Teaching portfolio (The Portfolio may be electronic (e.g., cloud storage, DropBox, Google Drive, flash drive) and submitted to the faculty mentor by June 25).</b> <b>Please provide teaching portfolio hyperlink:</b> Click or tap here to enter text.		
<ul style="list-style-type: none"><li><b>Up to date and contains all required information:</b><ul style="list-style-type: none"><li>Demographic information (Name, title, degrees, contact information)</li><li>Teaching philosophy statement</li></ul></li></ul>		

Faculty mentor, please send a copy to the Resident, RPD, Mr. Daniel Costa and keep a copy for yourself.

- List of teaching activities
- Written teaching evaluations from faculty or mentor.
- Summary of Level 1 student feedback with written reflection
- Copies of all teaching materials created by the trainee including instructor's guide, handouts, etc.
- Faculty and self-evaluations of the four TCP Required Elements above
- Faculty and self-evaluations from other teaching activities completed throughout the year, if applicable (e.g., if the trainee was evaluated on facilitating faculty-developed teaching).
- Description of self-development activities (e.g., teaching improvement seminars)
- Copies of educational scholarship (e.g., publications, presentations, posters)

**To be completed by Faculty Mentor:**

**1. Evaluation of instructional design project**

**Title of project:** Click or tap here to enter text.

**Date completed:** Click or tap to enter a date.

**2. Review and provide formative feedback on teaching philosophy statement.**

**Date completed:** Click or tap to enter a date.

**3. Review and provide formative feedback on teaching portfolio.**

**Date completed:** Click or tap to enter a date.

**4. Opportunities for improvement in teaching identified during the Fall Semester:**

Click or tap here to enter text.

**5. Resident/fellow has successfully completed all TCP requirements.**  YES  NO

**Additional comments:** Click or tap here to enter text.

<b>Faculty mentor signature:</b> Click or tap here to enter text.	<b>Date:</b> Click or tap here to enter text.
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<b>Resident/Fellow signature:</b> Click or tap here to enter text.	<b>Date:</b> Click or tap here to enter text.
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