

Appendix 4a: Pediatric Clinical Pharmacology Fellow Checklist

Fellow: _____ Entry Date: _____

Funding source: _____ Prior degree(s): _____

Environmental and Safety Training		
http://www.ehs.iupui.edu/ehs/		
<i>*Union building 6th floor roof lounge</i>		
		Date Completed
General Safety Orientation @ new employee orientation		
Blood borne Pathogens* - 2 nd & 4 th Mondays at 8:30 a.m.		
Laboratory Safety* - 2 nd Monday at 9:30		
Biological Safety* - 4 th Monday at 9:30		
Didactic training requirements		
<i>Fridays, 10:30-12:00 Clinical Pharmacology Conference Room unless otherwise indicated</i>		
Component	Date completed	Comments (include grade if available)
Collaborative Institutional Training Initiative (CITI) Program Modules http://researchadmin.iu.edu/HumanSubjects/IUPUI/cert_req.html		
Clinical Pharmacology Didactic Series		
1. Pharmacogenetics		
2. Pharmacokinetics		
3. Pediatric Clinical Pharmacology		
4. Biostatistics		
5. Drug Measurement		
6. Drug Development		
7. Individualized Therapeutics		
8. Clinical Trials		
9. Research Ethics		
Research ethics (G504) <i>(Time and location TBA)</i>		
Research Methods (G660) <i>(Time and location TBA)</i>		
Clinical Trials (G661) <i>(Time and location TBA)</i>		
Introduction to Biostatistics I (G651) <i>(Time and location TBA)</i>		
NIH Clinical Pharmacology Course <i>(Thursdays, September to April; 6:30-7:45, Purdue seminar room)</i>		

Presentation requirements		
<i>Presentation</i>	<i>Date Completed</i>	<i>Comments</i>
Journal Club, year 1		
Personalized Therapeutics Seminar, year 1		
Abstract/poster year 1 (goal, not required)		
Journal Club, year 2		
Personalized Therapeutics Seminar, year 2		
Abstract/poster year 2		

30 Day Review and Documentation of Initial Training Plan Date: _____

Research/Training Plan (use additional pages as needed)

Signature: _____
Fellow

Date: _____

Signature: _____
Mentor

Date: _____

Signature: _____
Mentor

Date: _____