West Virginia University. School of Pharmacy Department of Pharmaceutical Systems and Policy

ANNUAL STUDENT EVALUATION FORM AND PROGRESS REPORT (JUNE)

Health Services and Outcomes Research Ph.D. Program

Student:			Date:					
Advisor:				Degree Sought:				
Yea	r of E	nrollment: _	Expected Da	te of Com	pletion:			
А.	Adn	nission Requirements:						
	1.	Was the stude	ent admitted with any conditions?	Yes		No	. <u> </u>	
	2.	If yes, what w Have they bee	ere the conditions (i.e., must receive a grade en satisfied?	of "B" or b	etter in fi	rst 3 core	e courses, etc.)?	
В.	Pro ք 1.	Was coursew	Dietion of program requirements: (course ork transferred from another institution? add copy of Application for Graduate Credit T	Yes		No		
	2. Has the student filed a Plan of Study? Yes No If no, is the student on schedule to file the plan in the recommended time period?							
	3.	Course work (completed at West Virginia University:					
	ore urse	Number	Title		Credit Hours	Grade	Date of Course	
BIO	S	601	Applied Biostatistics I		4			

Course			Hours	
BIOS	601	Applied Biostatistics I	4	
BIOS	603	Applied Biostatistics II	3	
PHAR	785	Pharmacoepidemiology	3	
PHAR	755	Pharmacoeconomics	3	
BMS	700	Scientific Integrity	2	
PHAR	793C	SAS	2	
PHAR	777	Health Outcomes Research Designs	2	
BIOS	603	Applied Biostatistics II	3	
PHAR	786	Health Services Research Secondary Database	3	
PHAR	756	Health Survey Research Methods	3	
BMS	720	Scientific Writing	2	
PUBA	670	Health Systems	3	
PHAR	753	Soc/Bhvrl Thry/Hlth Otcm Rsrch	3	

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PHAR	754	Decision Analysis - Healthcare	3				
PHAR	757	Patient Reported Outcomes	3				
PHAR 769		Adv Health Service Research Methods					
PHAR 795		Research - Independent	1-15				
PHAR 797		Research	1-6				
PHAR	768	Internship (HEOR/HSOR Internship)	1-6				
SBHS	760	Survey Research Methods	3				
HPML	502	Organization of US Health Systems					
PHAR	758	Ethics-Clinical Research					
		Scientific Writing -HOR					
PHAR791RSTAT521		SAS					
Elective	521	5A5	3 Credit				
Course	Number	Title	Hours	Grade	Date of Course		
Course			nours				
Recurring			Credit				
Course	Number	Title	Hours	Grade	Date of Course		
PHAR	788	Grad Sem – Health Outcomes Research	1				
PHAR	797	Research	1				
TIMAX	171	TOTAL CREDIT	HOURS				
			noons				
4. a	a. Any "C"	or "D" in completed courses?	Yes	1	No		
1. 0	•	by many and in which course(s) and is remedia		·			
	11 yes, 11						
b	o. Any inco	mplete ("I") in any courses?	Yes		No		
	lf yes, w	hat is progress towards removing the incomple	ete?				
-	~						
		raduate Committee for Thesis or Dissertation: Has the student selected a Major Advisor/Chair? Yes: No:					
	a Has the s Name:	student selected a Major Advisor/Chair? Yes	· N	0.			
		student selected a Graduate Committee? Yes	· •	lo:			
	b has the s	stadent selected a Graduate Committee: Tes	. N	0.			
		nes and department/additional affiliations [un	iversity/industry1	of commit	tee memhers)		
	Name:		artment:	,,			
	Name:		artment:				
	Name:		artment:				
	Name:						
	Name:		artment:				

	C			
6.	a.	minar: Provide details of HSOR seminars	presented this past year:	
		Spring	Fall	
		Title:	Title:	
		Date of presentation:	Date of presenta	tion:
7.	Теа	ching Experience:		
	a.	Has the student completed the I Institute?	HSOR summer Teaching Yes:	No:
	b.	Has the student taught three class	ses in the PharmD or PhD Yes:	No:
		program?	_	
		If yes, give the dates and courses	•	net (<i>in the table below</i>).
		If not, then indicate when they wi Course Number (Grad/PharmD)	Hours taught	Date of presentation
				Bate of presentation
	c.	TA evaluations are attached for cu	urrent year. Yes	No
8.		alifying Exam:		
	(wr	dents are expected to complete th itten exam) should be taken by the hin 6 months of Part I.	-	
	(wri witl a.	itten exam) should be taken by the hin 6 months of Part I. Has the student taken the written	e end of the third year; Part II (or qualifying exam (Part I)? Yes	al exam) should be completed No
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9.	(wr with a. b.	itten exam) should be taken by the hin 6 months of Part I. Has the student taken the written Has the student taken the oral qu If no, is the student on schedule to earch Proposal: Has the student passed the resear	e end of the third year; Part II (or qualifying exam (Part I)? Yes alifying exam (Part II)? Yes o take the exam in the recommen	al exam) should be completed No
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С.

- 1.
- 2.
- 3.
- 2. List Abstracts, Presentations, and Publications (*add submitted manuscripts also*) this reporting period (*modify table accordingly, use APA or NLM format as above*):

Abstracts	
Presentations	1.
	2.
	3.
Publications	1.
	2.
	3.

D. Miscellaneous:

- 1. Awards or honors received this reporting period:
- 2. Involvement in PPS/School of Pharmacy/HSC events:
- 3. Other comments and information:

SUMMARY OF PROGRESS RATE: SATISFACTORY: ____ UNSATISFACTORY:

Student's Signature: (Note: Signature confirms discussion of performance evaluation, but does not necessarily indicate agreement)

Mentor's Signature:

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GRADUATE COMMITTEE:

Committee Member

Committee Member

Committee Member

Committee Member

Please attach a current CV.

Please complete the form and meet with your mentor and committee to discuss your progress. The completed form, including signatures and attachments, should be emailed to Dr. Sabina Nduaguba (cc. Dr. Khalid Kamal and April Morris) by **December 31**st and **June 30**th of every year.

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