



Name _____

| (Check One) | | | |
|--|---|---|---|
| Year 1 | Year 2 | Pre-Proposal | Pre-Defense |
| Date: _____ | Date: _____ | Date: _____ | Date: _____ |
| Scientific Presentation: | | | |
| <p>Completed:</p> <ul style="list-style-type: none"> * SHRS Grand Rounds <p>Comments:</p> | <p>Completed:</p> <ul style="list-style-type: none"> * SHRS Grand Rounds * COM Research Day * 1 State / Regional Research Day | <p>Completed:</p> <ul style="list-style-type: none"> * Poster presentations of Original Data at a National Meeting | <p>Completed:</p> <ul style="list-style-type: none"> * Poster or platform presentation of Original Data at a National Meeting |
| Manuscript Writing: | | | |
| <p>Completed:</p> <ul style="list-style-type: none"> * Contribute data analysis and write-up of that analysis for a manuscript <li style="text-align: center;">- or - * Co-author a review article within scientific focus area <p>Comments:</p> | <p>Completed:</p> <ul style="list-style-type: none"> * Co-Author (first or middle) on a manuscript in preparation or in submission | <p>Completed:</p> <ul style="list-style-type: none"> * Contribute to manuscript revisions & resubmissions as needed | <p>Completed:</p> <ul style="list-style-type: none"> * To Defend, the dissertation should be comprised of at least 3 original, journal level manuscripts * At least 1 first author, original manuscript will be submitted before defending |
| Grant Development: | | | |
| <p>Completed:</p> <ul style="list-style-type: none"> * Critically review NIH research grant proposal <p>Comments:</p> | <p>Completed:</p> <ul style="list-style-type: none"> * Prepare RO1 grant proposal* for candidacy exam using topic defined by committee <li style="text-align: center;">(*use old full 25 pg proposal format) | <p>Completed:</p> <ul style="list-style-type: none"> * Submit NRSA or other grants as available for pre-doctoral traineeships | <p>Completed:</p> <ul style="list-style-type: none"> * Delineate scope of future research for mentor and student to avoid conflict * Identify postdoc positions, faculty positions or future research options * Find grant opportunities for next phase of career |
| Experimental Training: | | | |
| <p>Completed:</p> <ul style="list-style-type: none"> * Actively participate in: <ul style="list-style-type: none"> - data collection - analysis - preparation of results - preparation of figures ____ * Critical review of literature <p>Comments:</p> | <p>Completed:</p> <ul style="list-style-type: none"> * Formulate hypotheses & specific aims * Contribute to experimental design * Collect preliminary data * Critical review of literature | <p>Completed:</p> <ul style="list-style-type: none"> * Create one or more original hypotheses within scientific focus area * Complete pilot study/ systematic review to support proposal * Within 3 months of passing the candidacy exam, establish the proposal committee and meet to determine availability of resources, originality of idea, sufficient scope of work | <p>Completed:</p> <ul style="list-style-type: none"> * Complete data collection * Data analysis * Data write-up * Meet proposal requirements |

Signatures:

STUDENT: _____ FACULTY MEMBER: _____

DATE _____ DATE _____

**School of Health and Rehabilitation Sciences
PhD Milestones**



NAME: _____

MENTOR _____

PHD START DATE: _____

(Check One)
 |Year 1: _____ |Year 2: _____ |Pre-Proposal _____ |Pre-Defense _____
 Date: _____ Date: _____ Date: _____ Date: _____

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Scientific Presentation:

| | |
|--|---|
| <p align="center"><u>SHRS Grand Rounds:</u></p> <p>Presentation Date: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local</p> | <p align="center"><u>OSUMC Research Day:</u></p> <p>Presentation Date: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local</p> |
|--|---|

| | |
|--|--|
| <p align="center"><u>Completed Professional Research / Clinical Presentation:</u></p> <p>Presentation Date: _____</p> <p>Name of Event: _____</p> <p>Location: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author _____ Clinical In-</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform _____ Service</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local _____ State _____ Regional _____ National _____ Intl.</p> | <p align="center"><u>Completed Professional Research / Clinical Presentation:</u></p> <p>Presentation Date: _____</p> <p>Name of Event: _____</p> <p>Location: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author _____ Clinical In-</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform _____ Service</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local _____ State _____ Regional _____ National _____ Intl.</p> |
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|--|--|
| <p align="center"><u>Completed Professional Research / Clinical Presentation:</u></p> <p>Presentation Date: _____</p> <p>Name of Event: _____</p> <p>Location: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author _____ Clinical In-</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform _____ Service</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local _____ State _____ Regional _____ National _____ Intl.</p> | <p align="center"><u>Completed Professional Research / Clinical Presentation:</u></p> <p>Presentation Date: _____</p> <p>Name of Event: _____</p> <p>Location: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author _____ Clinical In-</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform _____ Service</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local _____ State _____ Regional _____ National _____ Intl.</p> |
|--|--|

| | |
|--|--|
| <p align="center"><u>Completed Professional Research / Clinical Presentation:</u></p> <p>Presentation Date: _____</p> <p>Name of Event: _____</p> <p>Location: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author _____ Clinical In-</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform _____ Service</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local _____ State _____ Regional _____ National _____ Intl.</p> | <p align="center"><u>Completed Professional Research / Clinical Presentation:</u></p> <p>Presentation Date: _____</p> <p>Name of Event: _____</p> <p>Location: _____</p> <p>Presentation Title: _____</p> <p>List Abstract Authors in Order: _____</p> <p>Name of Presenter: _____</p> <p>Presentation: (Check ONE) _____ Presenter _____ Co-Author _____ Clinical In-</p> <p>Type of Presentation: (Check ONE) _____ Poster _____ Platform _____ Service</p> <p>Original Data: _____ Yes _____ No</p> <p>Invited: _____ Yes _____ No</p> <p>Type of Conference: _____ Local _____ State _____ Regional _____ National _____ Intl.</p> |
|--|--|

Total Local: _____ Total State: _____ Total Regional: _____ Total National: _____ Total International: _____
 Total Poster Presentations: _____ Total Platform Presentations: _____ Total Clinical In-Services: _____

**Candidacy also requires completion of coursework according to graduate school guidelines*



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Date: _____ Date: _____ Date: _____ Date: _____

INFORMATION ENTERED INTO THIS DOCUMENT SHOULD ACCOUNT FOR ALL ACTIVITIES FROM YOUR PHD START DATE.

Manuscript Writing:

Type: Manuscript Abstract Book Chapter
Review Type: Editor Reviewed Peer Reviewed Not Reviewed
Primary Author: _____ -OR- _____ CO-Author: _____
Title & Co-Authors: _____
Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
Journal / Book Name: _____
Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

Type: Manuscript Abstract Book Chapter
Review Type: Editor Reviewed Peer Reviewed Not Reviewed
Primary Author: _____ -OR- _____ CO-Author: _____
Title & Co-Authors: _____
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Primary Author: _____ -OR- _____ CO-Author: _____
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Primary Author: _____ -OR- _____ CO-Author: _____
Title & Co-Authors: _____
Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
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Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

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Review Type: Editor Reviewed Peer Reviewed Not Reviewed
Primary Author: _____ -OR- _____ CO-Author: _____
Title & Co-Authors: _____
Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
Journal / Book Name: _____
Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

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Review Type: Editor Reviewed Peer Reviewed Not Reviewed
Primary Author: _____ -OR- _____ CO-Author: _____
Title & Co-Authors: _____
Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
Journal / Book Name: _____
Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

Manuscript Writing Continued:

Type: Manuscript Abstract Book Chapter
 Review Type: Editor Reviewed Peer Reviewed Not Reviewed
 Primary Author: -OR- CO-Author:
 Title & Co-Authors: _____
 Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
 Journal / Book Name: _____
 Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

Type: Manuscript Abstract Book Chapter
 Review Type: Editor Reviewed Peer Reviewed Not Reviewed
 Primary Author: -OR- CO-Author:
 Title & Co-Authors: _____
 Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
 Journal / Book Name: _____
 Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

Type: Manuscript Abstract Book Chapter
 Review Type: Editor Reviewed Peer Reviewed Not Reviewed
 Primary Author: -OR- CO-Author:
 Title & Co-Authors: _____
 Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
 Journal / Book Name: _____
 Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

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 Review Type: Editor Reviewed Peer Reviewed Not Reviewed
 Primary Author: -OR- CO-Author:
 Title & Co-Authors: _____
 Status: In Preparation Submitted / In Revision Accepted / In Press Not Accepted
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Type: Manuscript Abstract Book Chapter
 Review Type: Editor Reviewed Peer Reviewed Not Reviewed
 Primary Author: -OR- CO-Author:
 Title & Co-Authors: _____
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 Primary Author: -OR- CO-Author:
 Title & Co-Authors: _____
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 Journal / Book Name: _____
 Publication Mo./Year: _____ Impact Factor: _____ Volume#: _____ Page #: _____ URL: _____

Manuscripts Total In Preparation: _____ Total Submitted / In Revision: _____ Total Accepted / In Press: _____ Total Not Accepted: _____

Abstracts Total In Preparation: _____ Total Submitted / Revisions: _____ Total Accepted / In Press: _____ Total Not Accepted: _____

Book Chapters Total In Preparation: _____ Total Submitted / Revisions: _____ Total Accepted / In Press: _____ Total Not Accepted: _____



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INFORMATION ENTERED INTO THIS DOCUMENT SHOULD ACCOUNT FOR ALL ACTIVITIES FROM YOUR PHD START DATE.

Grant Development:

Grant Agency / Foundation: _____

Status: In Prep. In Review Resubmitted Approved Not Funded

Date of Submission: _____ Total Costs: _____ Total Awarded Costs: _____ Grant Period Start Date: _____ Grant Period End Date: _____

Grant Title: _____

Principal Investigator: _____ Mark "1" if Student is PI

Co-Investigators: _____

Role in Grant Development: Critical Review of Draft Wrote Portions of Grant Wrote Majority of Grant No Contribution to Grant Preparation but will Collect Data

Grant Agency / Foundation: _____

Status: In Prep. In Review Resubmitted Approved Not Funded

Date of Submission: _____ Total Costs: _____ Total Awarded Costs: _____ Grant Period Start Date: _____ Grant Period End Date: _____

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Total In Prep: _____ Total in Review: _____ Total Resubmitted: _____ Total Approved: _____ Total Not Funded: _____

Total Grants Submitted with Student as PI: _____

Total Costs with Student as PI: _____

Total Costs of Awarded Grants: _____



NAME: _____

MENTOR: _____

PHD START DATE: _____

(Check One)

Year 1:

Year 2:

Pre-Proposal

Pre-Defense

Date: _____ Date: _____ Date: _____ Date: _____

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Honors and Awards:

Type of Award: Scholarship Recognition of Service Recognition of Scholastic Achievement Other: _____

Title of Award: _____

Date Awarded: _____

Organization Granting the Award: _____

Distinguishing Metrics (ie received first place out of 20 participants) _____

Type of Award: Scholarship Recognition of Service Recognition of Scholastic Achievement Other: _____

Title of Award: _____

Date Awarded: _____

Organization Granting the Award: _____

Distinguishing Metrics (ie received first place out of 20 participants) _____

Type of Award: Scholarship Recognition of Service Recognition of Scholastic Achievement Other: _____

Title of Award: _____

Date Awarded: _____

Organization Granting the Award: _____

Distinguishing Metrics (ie received first place out of 20 participants) _____

Type of Award: Scholarship Recognition of Service Recognition of Scholastic Achievement Other: _____

Title of Award: _____

Date Awarded: _____

Organization Granting the Award: _____

Distinguishing Metrics (ie received first place out of 20 participants) _____

Type of Award: Scholarship Recognition of Service Recognition of Scholastic Achievement Other: _____

Title of Award: _____

Date Awarded: _____

Organization Granting the Award: _____

Distinguishing Metrics (ie received first place out of 20 participants) _____

Total Scholarship Awards: _____

Total Service Awards: _____

Total Scholastic Achievement Awards: _____

Total Other Awards: _____



NAME: _____

MENTOR: _____

PHD START DATE: _____

(Check One)

Year 1: _____ Year 2: _____ Pre-Proposal _____ Pre-Defense _____
Date: _____ Date: _____ Date: _____ Date: _____

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Experimental Training:

For the current year, please describe **new** skills gained during experimental training.

TRAINING ONE (MARK WITH A NUMBER "1"): _____

Investigator: _____

Date of Training Opportunity: _____ - _____

Contribution(s): Original Hypothesis Data Collection Data Analysis Data Write-Up Result Preparation Figure Preparation
 Collect Primary Data Critical Review of Literature Experimental Design

Description of Your Role on the Project: _____

Focus Area(s): _____ Data Collection - Biomechanics

TRAINING TWO (MARK WITH A NUMBER "1"): _____

Investigator: _____

Date of Training Opportunity: _____ - _____

Contribution(s): Original Hypothesis Data Collection Data Analysis Data Write-Up Result Preparation Figure Preparation
 Collect Primary Data Critical Review of Literature Experimental Design

Description of Your Role on the Project: _____

Focus Area(s): _____

TRAINING THREE (MARK WITH A NUMBER "1"): _____

Investigator: _____

Date of Training Opportunity: _____ - _____

Contribution(s): Original Hypothesis Data Collection Data Analysis Data Write-Up Result Preparation Figure Preparation
 Collect Primary Data Critical Review of Literature Experimental Design

Description of Your Role on the Project: _____

Focus Area(s): _____

TRAINING FOUR (MARK WITH A NUMBER "1"): _____

Investigator: _____

Date of Training Opportunity: _____ - _____

Contribution(s): Original Hypothesis Data Collection Data Analysis Data Write-Up Result Preparation Figure Preparation
 Collect Primary Data Critical Review of Literature Experimental Design

Description of Your Role on the Project: _____

Focus Area(s): _____

Contribution Totals:

Total Original Hypothesis _____

Total Data Collection _____

Total Figure Prep. _____

Total Data Analysis _____

Total Primary Data Collection _____

Total Data Write-Up _____

Total Lit. Reviews _____

Total Result Prep. _____

Total Exp/ Design _____

Total Training Opportunities Completed: _____



NAME: _____

MENTOR: _____

PHD START DATE: _____

(Check One)

Year 1: _____ | Year 2: _____ | Pre-Proposal _____ | Pre-Defense _____
Date: _____ Date: _____ Date: _____ Date: _____

Candidacy Exam:

Topic: _____

Topic Approval: Pending Approved Not Approved Date of Exam: _____

Committee Members: _____

Dissertation Proposal:

Proposal Committee Members: _____
First Proposal Meeting Date: _____
Other Proposal Meetings This Year: _____
Title Of Proposal _____
Approved: Yes No
Date Approved: _____

Pre-Defense Future Considerations:

Discussion of Future Dissemination of Joint Research with Mentor: Yes No

Scope of Desired Independent Research: _____

Future Position Desired: Faculty Post Doc

Potential Universities / Mentors: _____

Grant Opportunities for Next Phase of Career: _____

Program Comments:

Mentorship Comments

