**Interview Task Tracker**

(provided by Ohio State University/Nationwide Children’s Hospital; 2017)

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| **DATE:** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **NAME** | **ALSO CATEG APPLIC** | **CPLES MATCH** | **HOTEL** | **CONF LTR SENT** | **DINNER RSVP** | **HOTEL NOTIFIED** | **RES/CHIEFS NOTIFIED** | **INFO TO FACULTY** | **REMINDER SENT** |
|  | (IM OR PEDS) |  | **YES / NO** |  |  | **NEEDS TRANS****YES / NO** |  |  |  |  |
|  |  |  | **YES / NO** |  |  | **NEEDS TRANS****YES / NO** |  |  |  |  |
|  |  |  | **YES / NO** |  |  | **NEEDS TRANS****YES / NO** |  |  |  |  |
|  |  |  | **YES / NO** |  |  | **NEEDS TRANS****YES / NO** |  |  |  |  |
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|  |  |  | **YES / NO** |  |  | **NEEDS TRANS****YES / NO** |  |  |  |  |
| **WAITLIST** |  |  |  |  |  |  |  |
| **NAME** | **ORIGINAL INTERVIEW DATE** | **CONTACTED** |
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