**Glossary of Acronyms:**

BG: Basal Ganglia  
C/L: Carbidopa/Levodopa  
DBS: Deep Brain Stimulation  
EMG: Electromyography  
ET: Essential Tremor  
FMD: Functional Movement Disorder  
FUS: Focused Ultrasound  
GKRT: Gamma Knife Radiation Therapy  
NPH: Normal Pressure Hydrocephalus  
OT: Occupational Therapy  
PD: Parkinson’s Disease  
PT: Physical Therapy/Physiotherapy  
QI: Quality Improvement  
RLS: Restless Leg Syndrome  
SW: Social Work/Social Worker
## Patient Care 1: History Taking

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Obtains a standard neurological and medical history | Obtains a complete and relevant history, including hypothesis-driven elements | Obtains a complete, relevant, and **organized** history | **Efficiently** obtains a complete, relevant, and organized history | Expertly obtains a complete, relevant, and organized history while incorporating subtle verbal and non-verbal clues |
| Obtains a history of movement disorder symptoms and risk factors | Obtains history for key “red flag” symptoms, (e.g. for atypical parkinsonism) | Screens for safety concerns (swallowing, driving, supervision, falls, etc.) | Probes for patient goals, values, and priorities, including expanded social history | |
| Obtains history for key non-motor symptoms | | | | |

**Comments:**

Not Yet Completed Level 1
Not Yet Assessable
| Level 1                                                                 | Level 2                                                                 | Level 3                                                                 | Level 4                                                                 | Level 5                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Performs a basic movement disorders examination in addition to a complete neurologic examination | Performs a movement disorders examination accurately                    | Tailors movement disorders examination appropriately to the patient’s history and chief complaint | Performs an organized, hypothesis-driven movement disorders examination | Role models the performance of the movement disorders examination to specialty peers |
| Recognizes severely abnormal phenomenology in basic examination         | Recognizes mildly abnormal phenomenology in basic examination           | Uses exam to seek some specialized phenomenology (e.g. optokinetic testing, applause sign) | Seeks and recognizes all appropriate phenomenology                       |                                                                               |
| Demonstrates familiarity with examination-based rating scales           | Incorporates hypothesis-driven general examination maneuvers as needed (e.g. ophthalmologic, neuromuscular, musculoskeletal) | Accurately grades examination rating scales                            | Includes all appropriate neurological and general medical examination maneuvers |                                                                               |
|                                                                        | Uses examination rating scales                                          |                                                                       |                                                                       |                                                                               |

Comments: Not Yet Completed Level 1
Not Yet Assessable
### Patient Care 3: Movement Disorders Formulation

| Level 1                                                                 | Level 2                                                                 | Level 3                                                                 | Level 4                                                                 | Level 5                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Summarizes history, examination findings, and available diagnostic     | Uses relevant history, examination, and diagnostic testing to develop  | Uses patient information to develop an appropriately prioritized      | Revises the differential diagnosis based on patient progression or     | Role models advanced clinical reasoning in complex movement disorder    |
| testing                                                                 | a broad differential diagnosis                                          | differential diagnosis                                                | emergence of new information                                          | syndromes                                                              |
|                                                                        | Incorporates other medical or neurological information as it relates to | Recognizes the contribution of other medical or neurological         | Synthesizes information on complex or multifactorial patient           |                                                                        |
|                                                                        | a movement disorders diagnosis (e.g. hepatic dysfunction in Wilson's)   | conditions in the presentation (e.g. neuromuscular, orthopedic)       | presentations                                                          |                                                                        |

**Comments:**

Not Yet Completed Level 1

Not Yet Assessable
## Patient Care 4: Parkinson’s Disease (PD)

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Appropriately includes PD on the differential diagnosis | Describes clinical criteria for PD | Diagnoses **subtle or mild** PD | Manages treatment regimens for refractory or advanced PD patients | Expertly manages variable types and severities of PD patients, including the use of advanced therapies |
| Discusses all classes of medications for PD | Diagnoses **straight-forward** PD | Develops thorough and individualized treatment plan for motor and non-motor symptoms in straight-forward PD patients | Appropriately chooses between advanced PD therapies including DBS target |
| | Discusses typical PD medication dosing and non-pharmacological options | Manages basic motor and non-motor complications of therapy | Independently interprets DaTscans |
| | Discusses DaTscan imaging patterns | Documents consideration of advanced PD therapies (DBS, C/L infusion pump, etc.) and refers for complete pre-DBS evaluation |

### Comments:

Not Yet Completed Level 1  
Not Yet Assessable
### Patient Care 5: Other Parkinsonian Disorders

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Appropriately includes atypical parkinsonism on the differential diagnosis. | Describes diagnostic criteria for atypical disorders (MSA-P, MSA-C, CBS, PSP, DLB, vascular) | Diagnoses **subtle** atypical parkinsonian diseases | Discusses diagnostic considerations in cases of overlapping syndromes or diagnostic uncertainty | Serves as a role model for the diagnosis and management of complex atypical parkinsonism patients |
| Describes cardinal history, examination, and imaging features of each atypical disorder. | Elicits specific signs for atypical syndromes during physical exam (e.g. OKN for PSP, cortical sensory signs for CBS) | Adjusts treatment for motor/non-motor symptoms independently | Manages complicated treatment regimens, including balancing benefit and side effects of medications |
| Recognizes possible drug-induced Parkinsonism | Diagnoses and initiates treatments for **straight-forward** atypical parkinsonisms | Appropriately tests for Parkinsonism from exposures or metabolic diseases | | |
| Demonstrates consideration of secondary Parkinsonism from exposures or metabolic disease (e.g. Normal Pressure Hydrocephalus/NPH, Wilson’s, heavy metals) | | | | |

**Comments:**

Not Yet Completed Level 1
Not Yet Assessable
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Recognizes tremor phenomenology on examination | Recognizes **mild** tremor and mixed phenomenology | Uses second-line agents for management of ET and action tremor | Manages advanced and refractory tremor using all available treatment options | Expertly manages refractory, complex, and mixed phenomenology patients with tremor |
| Differentiates tremor subtypes (e.g. rest, postural, kinetic, intention, task-specific) | Correctly reaches etiological diagnosis (e.g. physiological, essential/ET, rubral) | Initiates investigations and management of complex tremor syndromes (e.g. Holmes) including pharmacological and non-pharmacological treatments and chemodenervation | Appropriately chooses between advanced therapies | |
| Formulates differential diagnosis of primary tremor etiology (e.g. PD, ET, physiologic) | Initiates appropriate management of ET and action tremor | Documents consideration of advanced/surgical therapies (DBS/GKRT/FUS) and refers for complete pre-DBS evaluation | |
| Discusses first-line medications for tremor treatment | Includes secondary causes of tremor on the differential | | |
| | Describes advanced/surgical therapies (DBS/GKRT/FUS) | | |

**Comments:**

- Not Yet Completed Level 1
- Not Yet Assessable
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--------|---------|---------|---------|---------|
| Appropriately includes dystonia on the differential diagnosis | Diagnoses **severe** dystonia | Recognizes **mild** dystonia and mixed phenomenology | Manages refractory or complex dystonias | Serves as an expert in the medical and surgical management of complex dystonia patients |
| Discusses and probes for dystonia-specific findings on history and examination (e.g. sensory trick, task-specificity, overflow/mirror movements) | Identifies clinical categorization and distribution of dystonia (focal, generalized, segmental, etc.) | Includes specific genetic dystonias on the differential diagnosis | Appropriately documents patient candidacy for DBS |
| Discusses basics of dystonia treatment | Initiates basic treatment for dystonia including referral for chemodenervation | Tailors diagnostic workup to the individual patient including genetic testing | |
| | Initiates basic workup for dystonia | Formulates and executes individualized treatment plan, and adjusts dystonia treatment based on response | |

**Comments:**

Not Yet Completed Level 1

Not Yet Assessable
## Patient Care 8: Other Hyperkinetic Disorders

| Level 1                                                                 | Level 2                                                                 | Level 3                                                                 | Level 4                                                                 | Level 5                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Appropriately includes hyperkinetic disorders (tics, myoclonus, startle, ballism, hemifacial spasm, Restless Leg/RLS, tardive dyskinesia) on the differential | Distinguishes **straight-forward** hyperkinetic phenomenologies          | Recognizes **mild or mixed** hyperkinetic phenomenologies               | Manages rare or complex hyperkinetic disorders                          | Serves as an expert in the management of refractory, rare, or complex hyperkinetic disorders |
| Recognizes historical elements to make RLS diagnosis                    | Independently initiates diagnostic work up                              | Diagnoses rare syndromes and secondary causes                          | Manages refractory common hyperkinetic disorders                       |                                                                        |
|                                                                        | Describes and probes for secondary causes (e.g. drugs, toxins, systemic diseases) | Manages refractory common hyperkinetic disorders                       | Tailors treatment decisions based on relevant psychiatric and cognitive comorbidities |                                                                        |
|                                                                        | Initiates management of common hyperkinetic disorders                   |                                                                        |                                                                        |                                                                        |
|                                                                        | Discusses rare hyperkinetic syndromes (Startle syndromes, paroxysmal dyskinesias) |                                                                        |                                                                        |                                                                        |

**Comments:**

- Not Yet Completed Level 1
- Not Yet Assessable
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--------|--------|--------|--------|--------|
| Performs appropriate examination maneuvers to assess cerebellar function | Formulates a broad differential diagnosis and initiates diagnostic workup | Recognizes **subtle** ataxia on exam | Manages complicated treatment regimens, including balancing benefit and side effects of medications | Serves as a role model for the management of complex ataxia patients, including anticipatory planning in the case of neurodegenerative ataxias (e.g. care goals, care needs) |
| Recognizes **straight-forward** ataxia on examination | Discusses medication options for ataxia treatment | Appropriately includes genetic, immune-mediated, and rare ataxias on the differential diagnosis | Demonstrates sophisticated knowledge of overlap between syndromes and diagnostic uncertainties | |
| | | Tailors diagnostic workup to the individual patient including genetic testing | | |
| | | Formulates and executes individualized treatment plan | | |
| | | | | |

**Comments:**
- Not Yet Completed Level 1
- Not Yet Assessable
# Patient Care 10: Huntington’s Disease (HD) and other Choreas

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Recognizes **severe** chorea on examination | Recognizes **mild** chorea on exam | Initiates symptomatic treatment as appropriate | Appropriately involves multidisciplinary team | Manages multidisciplinary team |
| Describes basics of HD diagnosis including genetics | Recognizes non-motor symptoms associated with HD | Appropriately counsels patients/families with HD | Independently manages motor and non-motor HD symptoms | Serves as a role model for the management of complex HD patients, including anticipatory planning (e.g. care goals and care needs) and genetic counseling |
| Understands indications for genetic testing | Appropriately refers for HD genetic testing | Initiates diagnostic testing for non-HD differential diagnosis of chorea (e.g. other genotypes, systemic disease) | Discusses the role of multidisciplinary care in HD | |
| | Formulates non-HD differential diagnosis of chorea (e.g. other genotypes, systemic disease) | | | |

**Comments:**

- Not Yet Completed Level 1
- Not Yet Assessable
| Level 1                                      | Level 2                                                   | Level 3                                                                 | Level 4                                                                 | Level 5                                                                                           |
|---------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| Appropriately includes FMD on the differential | Recognizes **straight-forward** FMD presentations using pertinent examination techniques and relevant historical clues | Uses additional techniques to recognize **subtle** functional phenomenology | Identifies functional phenomenology in the context of other neurologic diseases | Role models compassionate, multidisciplinary care of functional movement disorders patients |
| Recognizes red flags that raise suspicion for functional movement disorders | Discusses general treatment options for functional disorders | Initiates an appropriate treatment plan for functional disorders        | Independently manages functional movement disorders patients with appropriate care team and multidisciplinary services |                                                                        |

**Comments:**

Not Yet Completed Level 1

Not Yet Assessable
## Patient Care 12: Therapeutic Chemodenervation

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Reconstitutes botulinum toxin | Describes initial dosing and injects common muscle targets with supervision | Injects common muscle targets without supervision | Independently injects common and complex targets | Serves as an expert in the treatment of complex or refractory patients with botulinum toxin therapy |
| Discusses all botulinum toxin formulations and mechanisms of action | Discusses indications for different botulinum toxin formulations | Formulates complex injection patterns and appropriately revises injection pattern based on patient response, though may need supervision to inject complex targets | Independently uses guidance techniques (EMG, ultrasound) available in their training program | |
| Discusses approved indications for movement disorders-related chemodenervation | Formulates initial injection pattern for straightforward cases | Uses guidance techniques (EMG, ultrasound) available in their training program with supervision | Manages side effects of botulinum toxin injection (e.g. dysphagia, weakness, resistance to the toxin formulation) | |
| | Discusses available guidance techniques (EMG, ultrasound) | Discusses consideration of chemodenervation for off-label indications | | |
| | | | | |

**Comments:**

Not Yet Completed Level 1

Not Yet Assessable
# Patient Care 13: Deep Brain Stimulation (DBS) Programming

| Level 1                                      | Level 2                                      | Level 3                                      | Level 4                                      | Level 5                                      |
|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|----------------------------------------------|
| Discusses basic DBS parameters and the device itself | Performs initial DBS programming with supervision | Performs initial DBS programming independently | Programs highly complex and refractory cases (e.g. directional leads, interleaving) | Serves as an expert for efficient and effective DBS programming for a variety of patients |
| Discusses common DBS anatomical targets      | Describes rationale for adjustment of different DBS parameters | Adjusts DBS programming using more complex parameters as needed (e.g. bipolar, double bipolar, etc.) | Discusses emerging and upcoming DBS therapy options |                                             |
|                                              | Makes basic DBS adjustments utilizing monopolar montages | Understands how side effects relate to anatomy and adjusts accordingly |                                             |                                             |

**Comments:**

- Not Yet Completed Level 1
- Not Yet Assessable
## Medical Knowledge 1: Anatomy, Neurochemistry, Neurophysiology of Movement Disorders

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Discusses basic basal ganglia (BG) and cerebellar anatomy, network, and function | Discusses anatomical, neurochemical, and pathophysiological hypotheses related to hypokinesia, hyperkinesia, and ataxia | Describes basic neuropathology of non-parkinsonian movement disorders | Discusses nuances of complex and emerging interpretations of BG pathophysiology and electrophysiology | Engages in scholarly activity on BG or cerebellar physiology |
| Localizes basic movement disorders to specific anatomical regions (e.g. truncal vs. appendicular ataxia, hemiballismus, chorea, Parkinson's disease) | Describes basic electrophysiologic features of movement disorders (e.g. tremor frequencies, EMG features of myoclonus) | Demonstrates familiarity with pathophysiological hypotheses and data related to movement disorders etiology, diagnosis, and treatment (gut microbiome, specific genetic influences, etc.) | Discusses pathophysiological hypotheses and data in movement disorders | Engages in scholarly activity on pathophysiological and neurochemical hypotheses in movement disorders |
| Discusses basic neuropathology of parkinsonian movement disorders | Localizes more rare movement disorders (e.g. palatal myoclonus) | Discusses proposed pathophysiological and etiological theories for FMD |  |  |

### Comments:
- Not Yet Completed Level 1
- Not Yet Assessable
## Systems-Based Practice 1: System Navigation for Patient-Centered Care

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Demonstrates awareness of existing barriers to care for movement disorders patients | Identifies when a patient faces barriers to care access | Uses available resources to help individual patients overcome **routine** barriers (e.g. transportation, affording a medication) | Uses available resources to help patients access care in **complex** situations (e.g. serious monetary or medical insurance barriers, lack of needed care partner to assist with planning and decision-making) | Contributes to innovations that streamline access to care for underserved or vulnerable movement disorders patient populations |
| Appropriately refers to multidisciplinary services (PT, OT, psychology, psychiatry, SW, etc.) | Discusses availability or scarcity of diagnostic or therapeutic resources | Incorporates availability and scarcity of diagnostic and therapeutic resources into treatment decisions | Communicates with multidisciplinary services to optimize patients’ treatment | |
| Demonstrates familiarity of telemedicine in clinical movement disorders | Incorporates telemedicine care as available | | | |

### Comments:
- Not Yet Completed Level 1
- Not Yet Assessable
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Accesses and uses movement disorder literature to address straight-forward clinical questions | Uses knowledge acquired from movement disorder literature to guide formulation | Incorporates existing data into clinical practice | Critically appraises and incorporates emerging data into patient care, while understanding its limits | Participates in the development of evidence-based clinical guidelines and recommendations |

**Comments:**

Not Yet Completed Level 1

Not Yet Assessable
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|--------|--------|--------|--------|--------|
| Seeks feedback | Incorporates feedback in daily routine | Develops an appropriate learning plan based upon clinical experience and feedback | Completes an appropriate learning plan based upon clinical experience and feedback | Counsels others on development and execution of a movement disorders learning plan |
| Acknowledges gaps in knowledge and expertise | Uses provided resources to fill supervisor-identified knowledge gaps | Reflects on and critiques own performance and develops self-feedback | Utilizes a variety of resources to fill knowledge gaps | Uses educational resources from professional societies to inform practice |
| | | Seeks resources to fill self-identified and supervisor-identified knowledge gaps | | |
| | | Identifies educational resources from professional societies, like MDS, to supplement education | | |
| | | | | |
| Comments: | Not Yet Completed Level 1 | | | |
| | Not Yet Assessable | | | |
## Professionalism 1: Departmental Accountability and Contribution

| Level 1                                                                 | Level 2                                                                 | Level 3                                                                 | Level 4                                                                 | Level 5                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Is prompt and communicates predictable absences in advance             | Reliably attends division meetings and activities                       | Reliably participates and presents during division meetings and activities | Contributes to division-based projects/initiatives (e.g. research, education, community outreach); generates ideas | Represents the division/department at national or international meetings |
|                                                                        |                                                                        |                                                                        | Presents or speaks at meetings outside of the division (e.g. Grand Rounds, department meeting, lecture for another department or trainees) | Leads new initiatives                                                   |

**Comments:**

Not Yet Completed Level 1

Not Yet Assessable
## Professionalism 2: Clinical Accountability/Conscientiousness

| Level 1                                                                 | Level 2                                                                 | Level 3                                                                 | Level 4                                                                 | Level 5                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Prepares for clinic by reviewing patients in advance                    | Completes and documents clinical tasks in a timely and accurate manner **without prompting**, copying all relevant care team members | Establishes communication goals/timeline with patients as appropriate (phone calls, messages, follow-up) | Follows up with patients proactively as appropriate, even if not patient-initiated | Develops systems and practices to help self and others function more effectively as clinicians |
| Responds to prompting about outstanding clinical tasks (e.g. documentation, phone calls) | Assists other team members if required                                   | Communicates test results to patients promptly and accurately in a format appropriate to the needs of the patient and test result complexity | Communicates proactively with care team members as necessary in unanticipated situations (hospitalizations, etc.) |                                                                      |

### Comments:

- Not Yet Completed Level 1
- Not Yet Assessable
| Level 1                                                                 | Level 2                                                                 | Level 3                                                                 | Level 4                                                                 | Level 5                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Interacts with entire medical team respectfully                         | Demonstrates positive relationship with entire care team                | Constructively navigates basic conflicts independently                   | Navigates complex conflicts without compromising professional behavior   | Role models conflict management including self-reflection               |
| Communicates using language that values all team members               |                                                                         |                                                                         |                                                                         |                                                                         |

**Comments:**

Not Yet Completed Level 1

Not Yet Assessable
| Level 1                                                                 | Level 2                                                                 | Level 3                                                                 | Level 4                                                                 | Level 5                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------|
| Demonstrates a positive relationship with patient and family;         | Demonstrates a positive relationship with patient and family;          | Solves basic conflicts with patients through interpersonal skills;     | Navigates complex psychosocial dilemmas with patient and family;       | Role models navigation of complex patient interactions, and models self-reflection to further develop interpersonal and communication skills |
| Communicates with cultural sensitivity and respect using clear language | establishes rapport in challenging situations                           | Involves patient and family as partners in clinical decision-making    | Effectively leads complex discussions including prognosis, advanced care needs, genetic testing, goals of care, controversies, uncertainties, functional diagnoses, and ongoing research/clinical trials | Role models optimizing patient communication (e.g. develops patient education materials) |
| Practices active listening during patient interview; utilizes          |                                                                          | Initiates difficult discussions with compassion;                       |                                                                          |                                                                          |
| individualized approach; probes for patient understanding             |                                                                          |                                                                        |                                                                          |                                                                          |
| Counsels patients on risks/benefits of treatment, including limitations of available data |                                                                          |                                                                        |                                                                          |                                                                          |

Comments:

Not Yet Completed Level 1
Not Yet Assessable
### Interpersonal and Communication Skills 3: Communication with Other Providers

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Clearly documents history and appropriate neurologic examination | Documents clear clinical reasoning/formulation | Initiates direct communication with relevant clinical providers as needed | Manages discussions between relevant concurrent providers with follow through | Serves as a focal point of contact between medical providers to maximize patient care |
| Ensures all relevant providers have access to documentation | Expresses divergent opinions respectfully | Forms collaborative relationship with other providers to maximize patient care | Expertly manages disparate opinions between providers |

| | | | | | |
| | | | | | |

**Comments:**

- Not Yet Completed Level 1
- Not Yet Assessable
## Practice-Based Learning and Improvement 3: Scholarly Work

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---------|---------|---------|---------|---------|
| Determines field/methods of interest (e.g. bench research, translational research, clinical trials, QI, med education, etc.)<br>Works with appropriate teams to learn about the field<br>Establishes a mentorship relationship | Finalizes project protocol, outline, and timeline including goals<br>Begins data collection | Demonstrates clear progress along planned project timeline and protocol<br>Completes data collection and begins analysis | Completes and interprets data based on analysis<br>Develops and submits manuscript to peer reviewed journal or poster/abstract to conference or other scholarly avenue | Publishes article in peer reviewed journal<br>Mentors and supervises junior researchers in movement disorders scholarship<br>Takes a lead role in writing and submitting a research grant |

**Comments:**

- Not Yet Completed Level 1
- Not Yet Assessable