

COMPETENCY CHECKLIST - ANATOMY AND PHYSIOLOGY - BONES

	Date		Date	Task	Notes
<input type="checkbox"/>		<input type="checkbox"/>		Frontal	
<input type="checkbox"/>		<input type="checkbox"/>		Occipital	
<input type="checkbox"/>		<input type="checkbox"/>		Temporal	
<input type="checkbox"/>		<input type="checkbox"/>		Parietal	
<input type="checkbox"/>		<input type="checkbox"/>		Zygomatic	
<input type="checkbox"/>		<input type="checkbox"/>		Mandible	
<input type="checkbox"/>		<input type="checkbox"/>		Maxilla	
<input type="checkbox"/>		<input type="checkbox"/>		Nasal	
<input type="checkbox"/>		<input type="checkbox"/>		Clavicle	
<input type="checkbox"/>		<input type="checkbox"/>		Scapula	
<input type="checkbox"/>		<input type="checkbox"/>		Humerus	
<input type="checkbox"/>		<input type="checkbox"/>		Radius	
<input type="checkbox"/>		<input type="checkbox"/>		Ilium	
<input type="checkbox"/>		<input type="checkbox"/>		Carpals	
<input type="checkbox"/>		<input type="checkbox"/>		Metacarpals	
<input type="checkbox"/>		<input type="checkbox"/>		Phalanges	
<input type="checkbox"/>		<input type="checkbox"/>		Sternum	
<input type="checkbox"/>		<input type="checkbox"/>		Ribs	
<input type="checkbox"/>		<input type="checkbox"/>		Hyoid	
<input type="checkbox"/>		<input type="checkbox"/>		Femur	
<input type="checkbox"/>		<input type="checkbox"/>		Tibia	
<input type="checkbox"/>		<input type="checkbox"/>		Fibula	
<input type="checkbox"/>		<input type="checkbox"/>		Tarsals	
<input type="checkbox"/>		<input type="checkbox"/>		Metatarsals	
<input type="checkbox"/>		<input type="checkbox"/>		Calcaneous	
<input type="checkbox"/>		<input type="checkbox"/>		Talus	
<input type="checkbox"/>		<input type="checkbox"/>		Sacrum	
<input type="checkbox"/>		<input type="checkbox"/>		Cervical Vertebrae	
<input type="checkbox"/>		<input type="checkbox"/>		Thoracic Vertebrae	
<input type="checkbox"/>		<input type="checkbox"/>		Lumbar vertebrae	
<input type="checkbox"/>		<input type="checkbox"/>		Coccyx	
<input type="checkbox"/>		<input type="checkbox"/>		Ischium	
<input type="checkbox"/>		<input type="checkbox"/>		Pubis	
<input type="checkbox"/>		<input type="checkbox"/>			
<input type="checkbox"/>		<input type="checkbox"/>		<b>PLACE NAMES OF PARTNERS BELOW THE BOXES ON THE LEFT</b>	