

Summary of Teaching Responsibilities for the period under review, indicating:

- Evidence of ***teaching quantity*** (in terms of courses taught, residents trained, etc.).
- Name of ***course director*** (if appropriate).

/SUMMARY OF TEACHING RESPONSIBILITIES

To be completed by Candidate for the period under review - Year ____ (date candidate became Asst. Professor or last promotion to present)

CATEGORY	LIST COURSES/TOPICS/COURSE DIRECTORS (please type/print)	YOUR ANNUAL CONTACT HOURS	NUMBER OF STUDENTS	WHEN TAUGHT
I. Undergraduate <u>Preclinical</u> Medical Education • Basic Science <u>OR</u> • Introduction to Clinical Medicine <u>OR</u> • Research Supervision	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
II. Undergraduate <u>Clinical</u> Medical Education • Required Clerkships <u>OR</u> • Elective Clerkships <u>OR</u> • Research/Honors Programs	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
III. Graduate Medical Education • Residencies (PGY 1-3) <u>OR</u> • Fellowships/Special (PGY>3)	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
IV. Graduate School • Formal Courses <u>OR</u> • Masters <u>OR</u> • Doctoral Thesis Supervision	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
V. Other, including -Continuing Medical Education -Post-doc training -Other mentoring	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

NOMINEE NAME:

**I understand that some evaluations are directly available to the SAPC.
 My signature gives the SAPC permission to access any and all teaching evaluations.**

Signature of Nominee