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)

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>LIST COURSES/TOPICS/COURSE DIRECTORS</th>
<th>YOUR ANNUAL CONTACT HOURS</th>
<th>NUMBER OF STUDENTS</th>
<th>WHEN TAUGHT</th>
</tr>
</thead>
</table>
| **I. Undergraduate Preclinical Medical Education**  
  • Basic Science OR  
  • Introduction to Clinical Medicine OR  
  • Research Supervision | [Type/Print] | [Contact Hours] | [Number of Students] | [When Taught] |
| **II. Undergraduate Clinical Medical Education**  
  • Required Clerkships OR  
  • Elective Clerkships OR  
  • Research/Honors Programs | [Type/Print] | [Contact Hours] | [Number of Students] | [When Taught] |
| **III. Graduate Medical Education**  
  • Residencies (PGY 1-3) OR  
  • Fellowships/Special (PGY>3) | [Type/Print] | [Contact Hours] | [Number of Students] | [When Taught] |
| **IV. Graduate School**  
  • Formal Courses OR  
  • Masters OR  
  • Doctoral Thesis Supervision | [Type/Print] | [Contact Hours] | [Number of Students] | [When Taught] |
| **V. Other, including**  
  - Continuing Medical Education  
  - Post-doc training  
  - Other mentoring | [Type/Print] | [Contact Hours] | [Number of Students] | [When Taught] |

**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

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