SUMMARY OF CLINICAL RESPONSIBILITIES

Briefly describe all clinical duties during the period of time under review. Include number of weeks spent as an attending physician and note the location. *If not applicable to the candidate, include signed sheet stating this fact.*

***NOMINEE*: _____**

To the best of my knowledge this statement is accurate and the nomination material does not contain any information that would violate HIPAA compliance rules

_____

Chair's Signature

Revised 4/20