

Summary of Clinical Responsibilities:

If the nominee is not a clinician, this form should be included with a statement to that effect.

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

Chair's Signature