

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 <ul style="list-style-type: none"> • Basic Science <u>OR</u> • Introduction to Clinical Medicine <u>OR</u> • Research Supervision 	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
II. Undergraduate <u>Clinical</u> Medical Education <ul style="list-style-type: none"> • Required Clerkships <u>OR</u> • Elective Clerkships <u>OR</u> • Research/Honors Programs 	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
III. Graduate Medical Education <ul style="list-style-type: none"> • Residencies (PGY 1-3) <u>OR</u> • Fellowships/Special (PGY>3) 	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
IV. Graduate School <ul style="list-style-type: none"> • Formal Courses <u>OR</u> • Masters <u>OR</u> • Doctoral Thesis Supervision 	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
V. Other, including <ul style="list-style-type: none"> -Continuing Medical Education -Post-doc training -Other mentoring 	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>

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
 Rev. 4/17