

VOLUNTEER CLINICAL PROFESSOR WORKSHEET
(To be completed annually and maintained by the department)

Academic Year _____ - _____

NAME _____

DEPARTMENT _____

RANK _____

Please indicate the date, number of hours, and type of University related teaching activity (i.e. teaching in clinic, surgery, office, or laboratory, participation in grand rounds or ward rounds, lectures given, teaching/participation at conferences, etc. *NOTE: Mere attendance at conferences is not considered active participation.*

DATE	NUMBER OF HOURS	DESCRIBE TYPE OF TEACHING ACTIVITY

TOTAL HOURS FOR ACADEMIC YEAR _____

SIGNATURE OF VOLUNTEER PROFESSOR _____

DATE _____