

## Supplemental Information

1. Education and training: Have there been any interruptions in your medical education or training?

No

Yes

If yes, please explain:

2. Professional Activities: Have there been any interruptions in your employment or medical practice?

No

Yes

If yes, please explain:

3. Educational Activities.
  - a. Please describe your educational focus

b. Teaching at Wayne State University: Check and fill all that apply

		Type of Learner	Frequency	Average # of Learners	Other information
	Clinical Instruction				
	Classroom Instruction				
	Workshops/Seminars				
	Mentoring				
	Pre-doctoral Advisees/Mentees				
	Post-doctoral Advisees/Mentees				
	Thesis Committees				
	Educational Program Building/Leadership				
	Educational Demonstration				
	Other:				
	Other:				

c. Teaching at Institutions other than of Wayne State University: Check and fill all that apply

		Type of Learner	Frequency	Average # of Learners	Other information
	Clinical Instruction				
	Classroom Instruction				
	Workshops/Seminars				
	Mentoring				
	Pre-doctoral Advisees/Mentees				
	Post-doctoral Advisees/Mentees				
	Thesis Committees				
	Educational Program Building/Leadership				
	Educational Demonstration				
	Other:				
	Other:				