



**WAYNE STATE**  
School of Medicine

**SUPPLEMENTAL INFORMATION**

**Name:**

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. Academic Appointments. Please list your current and previous appointments

Title	Dates	Department	College/University/Institution
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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	Dates of Instruction
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	Dates of Instruction
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:			

d. Please attach copies of student, trainee, peer, and other evaluations.

**If not available, please check this box and explain why below.**

**Name:**

**Date:**

**Signature:**