



SUPPLEMENTAL INFORMATION

Name:

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

No

Yes: Please explain below

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

No

Yes: Please explain below

3. Academic Appointments. Please list your current and previous appointments

Title

Dates

Department

College/University/Institution

4. 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: