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: