



Submit form to Division Director, Hospital Chief, or Department Administrator

Name: _____ Initial Year of Appointment: _____

Department: _____ Division/Specialty: _____

Office Address: _____

Office Phone: _____ Ext: _____ Fax: _____

Email: _____

Hospital Affiliation	
Clinical Faculty Rank	
Track	

List teaching or service activities below with *emphasis on recognized, formal teaching activities relating to Brown medical students, residents and fellows.*

Teaching or Service Activity	Level and Number of Learners	Frequency (# of hours per week/month/year)	Additional Information
Inpatient teaching attending			
Resident in practice			
Physical diagnosis preceptor			
Preceptor, 3 rd year student clerkship			
Outpatient clinic preceptor			
Subspecialty or GIM service attending			
Pathophysiology course preceptor			
The Doctoring Program			

List teaching activities on the grid below with *emphasis on recognized, formal teaching activities relating to Brown medical students, residents and fellows.*

Teaching or Service Activity	Level and Number of Learners	Frequency (# of hours per week/month/year)	Additional Information
Bedside teaching (documented)			
Resident Advisor			
Student advisor in PLME or medical school			
Tutorial preceptor for students/residents and/or fellows			
Morning report participant			
Grand Rounds, M&M Conference, subspecialty conference presenter			
Journal Club Presenter			
Book or journal article publications			
Hospital/University committee member or chair			
Professional organization leadership			
Participation in subspecialty conferences			
Office Research/Other			
Total Number of Hours Documented:			

Diversity, equity and inclusion activities	
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Additional information relevant to the appointment/reappointment process may be included on a separate page.

Teaching evaluations are required for reappointment and can be obtained through Oasis and New Innovations. Contact course facilitator for assistance.

Updated CV Enclosed:

Teaching Evaluations enclosed:

Faculty Signature

Date

Division Director/Hospital Chief Signature

Date