**College of Medicine Faculty Activity Plan**

**Academic Year: \_\_\_\_\_\_\_\_\_\_**

# Name: Department:

**Please complete sections that are applicable. If more space is needed, attach separate sheet and any additional information.**

#  TEACHING

Your current teaching activity and opportunities. What are your teaching plans (courses, clinical supervision of students, residents, research training, mentoring, and teaching in CDU/Continuing Medical Education). List name of courses and number of students/residents. Hours per month: **July \_\_\_\_\_-June \_\_\_\_\_ .** Number of CDU/College of Medicine (COM) students:**\_\_\_\_\_.** If you are supervising students or residents, what is the number you can accommodate at one time? **\_\_\_\_\_**

**Current:**

**Planned:**

 **RESEARCH**

Describe your current and planned research activity at CDU/COM. Hours per month: **July \_\_\_\_\_-June \_\_\_\_\_**. Number of students:**\_\_\_\_\_**

# Current:

**Planned:**

 **CLINICAL**

Clinical Activity in support of the COM. **Specialty:** .Years in Clinical Practice and Clinical Teaching: **\_\_\_\_\_**

# Current:

**Planned:**

 **SERVICE**

What CDU/COM community services, university services (committees, taskforce, community service) do you now perform and what services are you planning? Hours per month: **July \_\_\_\_\_-June \_\_\_\_\_.**  Number of students: **\_\_\_\_\_**

# Current:

**Planned:**

 **OTHER ACTIVITIES IN SUPPORT OF CHARLES R. DREW UNIVERSITY–COLLEGE OF MEDICINE**

Please describe. Hours per month: **July \_\_\_\_\_-June \_\_\_\_\_ .** Number of students: **\_\_\_\_\_**

# Current:

**Planned:**

Total hours of total planned activities per year for CDU COM should add up to 40-50 hours per year for appointment renewal. Anticipated total hours: **\_\_\_\_\_.**  Please review with Department Chair and sign/date.

Faculty Date Chairman Date