



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 _____