



FACULTY OF MEDICINE & DENTISTRY CLINICAL ACADEMIC COLLEAGUE ANNUAL REPORT

Report for Year: _____ Department _____ Division _____

Last name: _____ First name: _____
Initial(s): _____

Current Address: _____

E-mail address: _____

Current Academic Rank:

Clinical Lecturer Assistant Clinical Professor Associate Clinical Professor Clinical Professor

1) TEACHING: Please list all your teaching activities for the year

Undergraduate Medical Education (please describe e.g. discovery learning, bedside / operating room teaching, office elective etc.):	Total estimated hours:	Your evaluation score(s) for each activity (if known):
Postgraduate Medical Education (please describe e.g. discovery learning, bedside / operating room teaching, office elective etc.):	Total estimated hours:	Your evaluation score(s) for each activity (if known):
Other (e.g. to peers, allied health professionals etc. Please describe if you were organizer or participant):	Total estimated hours:	Your evaluation score(s) for each activity (if known):

B) Were you involved in any faculty development activities this year (seminars, peer observation of teaching, etc.)? Yes No

If yes, in what role (e.g. attendee, presenter, organizer etc.) :

C) Were you nominated for any teaching awards this year? Yes No

If yes, did you receive any teaching awards? Please describe:

2) **COMMITTEES / LEADERSHIP**: Please list all your committee / leadership activities for the year with a brief description on what you did as part of this committee / position:

3) **CONTINUOUS PROFESSIONAL DEVELOPMENT**: Please list all your CPD activities for the year or attach copy of Maintenance of Certification (RCPSC) or Mainpro (CFPC) hours

4) **RESEARCH & PUBLICATIONS**: Please list your research activities / publications for the year if any:

Thank you for submitting your annual report!

If sending by mail or fax, please address to:
Office of the Chair, Department of _____
(Address)

Fax: _____

Or Email: __ (email address) _____