

University of Alberta
Faculty of Medicine and Dentistry
CLINICAL FACULTY ANNUAL REPORT

For the period July 1, **20XX** to June 30, **20XX**

Name: Click or tap here to enter your first and last name.
Address: Click or tap here to enter your address.
Telephone: Click or tap here to enter your phone number.
Fax: Click or tap here to enter your fax number, If applicable.
E-mail (@ualberta email address required): Click or tap here to enter your email address.

TEACHING: Please report the total number of half days in which you have learners for **clinical teaching activities**. For the other activities, please report the total number of hours you spent during the year in each of the teaching activities listed below. If a range is provided, the mid-point of the range will be used for the calculations. To receive a teaching stipend, there must be at least one teaching activity that has evaluations reported here.

Notes:

1. One (1) half day of clinical teaching may be reported as one (1) half day only **REGARDLESS** of number of learners.
2. One (1) hour of formal scheduled teaching considered one (1) hour **REGARDLESS** of number of learners.

1.	Type of Teaching	Total ½ Days or Hours	Details (dates) Please Attach Evaluations
	Clinical Teaching (1/2 days)	Click or tap here to enter hours.	Click or tap here to enter details.
	Education Administration (hrs)	Click or tap here to enter hours.	Click or tap here to enter details.
	Examiner (hrs)	Click or tap here to enter hours.	Click or tap here to enter details.
	Scheduled Teaching (hrs)	Click or tap here to enter hours.	Click or tap here to enter details.
	Lectures (AHD/Med. Students) (hrs)	Click or tap here to enter hours.	Click or tap here to enter details.

2. **Teaching to Paramedical Groups:** Lectures, Seminars, In-services. (Specify group, title or subject)

Group Taught	Lecture hrs	Seminar hrs	In-service hrs	Other hrs
Click or tap here to enter text.	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr
Click or tap here to enter text.	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr
Click or tap here to enter text.	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr	Click or tap here to enter text. /yr

3. **Rounds/Grand Rounds Given** (Specify title, location and date)

Click or tap here to enter text. =rand(1, 5)

4. **Invited Lectures Given** (Specify title/subject, location and date of lectures given at the invitation of an outside agency or institution)

Click or tap here to enter text.

5. **Conferences/Courses Attended.** (Specify title and location and date)

Click or tap here to enter text.

RESEARCH

1. **Research for period from July 1, 20XX – June 30, 20XX:**
(ATTACH AWARD LETTER OR OTHER CONFIRMATION OF THE AWARD)

Principal Investigator	Funding Source	Amount of Funding for period Jul 1/XX – Jun 30/XX	Title of Research
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

2. **Papers/Abstracts** (Publications during academic year July 1, 20XX – June 30, 20XX; specify authors, title of article, journal, volume, number, pages, year. If an abstract presentation, identify meeting, date, place. **ATTACH A COPY OF EACH PUBLICATION.**

ADMINISTRATION

- Hospital Committees** (Specify role on committee – Chair, Member or other hospital administrative role)
Click or tap here to enter text.

- University Committees** (Specify role on committee – Chair, Member or other University administrative role)
Click or tap here to enter text.

- Office held in National/Regional Organizations:**
Click or tap here to enter text.

CLINICAL INNOVATION/QUALITY IMPROVEMENT

Describe any contributions to improving clinical care (e.g. clinical practice guidelines, development of a new technique, preventative medicine, patient education, etc.)

Click or tap here to enter text.

HONOURS/AWARDS

(Please note name of award, date received, from what organization, for what purpose)

Click or tap here to enter text.

Signature: Click or tap here to enter your signature.		Date: Click or tap here to enter the date/
Attach additional information if space insufficient		Return by (date) to: XXXXX@ualberta.ca
<u>PLEASE ENCLOSE AN UPDATED CV</u> <u>AND ALL TEACHING EVALUATIONS</u>		

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