

MOREHOUSE SCHOOL OF MEDICINE
FACULTY ACTIVITY REPORT
For Fiscal Year _____

**CLINICAL
FACULTY**

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Last Name, First Name, Middle Initial

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Department

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Academic Rank

--

Series I, II, or III

At above rank at Morehouse School of Medicine since:

--	--

Month

Year

Consider your activities for this review period only: July 1, _____ through June 30 _____. Make your estimates on the basis of total effort, irrespective of where or when the activity was carried out.

When you have completed the FAR, schedule an appointment to review it with your chair.
After the discussion, each of you should complete the appropriate section below:
Your Department Chair will submit the form and an evaluation of you to the Dean.

To be completed by the Department Chair:

I have discussed this report with _____ on _____ date

_____ I concur with the data entered in the Faculty Activity Report.

Signed, by the Faculty Member

Signed, by the Division/Section Chief

Signed, by Center/Institute Director

Signed, by the Chair

FACULTY ACTIVITY REPORT

For Fiscal Year _____

**CLINICAL
FACULTY**

A. TEACHING ENCOUNTERS

% Effort _____

1. **CLASSROOM.** Indicate the NUMBER of hours by category in the applicable column at right.
For Morning Report, simply write in the total number of hours attended during this review period.

Undergraduate (M.D.)			Graduate (Residents/PhD)	
M1/M2 Lecture	M3/M4 Lecture	CPC/ M&M	Lecture	Morning Report

2. **CLINICAL.** [To arrive at the TOTAL NUMBER per year, multiply the columns identified in brackets next to the activity.]

Clinical Teaching Activity (Time spent with either residents or students)		[a] # of Sessions Per Wk	[b] # of Weeks Per Mo	[c] # of Days Per Yr	[d] # of Months Per Yr	[e] Total Number Per Year
	Location					
Month long Ward Attending [d]						
Month long Consult Attending [d]						
(>15 consults per/wk)						
Month long Critical Care [d]						
1/2 day clinic w/residents/students [a x b x d]						
On Call at Home -- one day [c]						
On Call in Hospital -- one day [c]						
Operating Room - one day [c]						

3. **OTHER.** [List other teaching activities during this review period that are not included above].

Teaching Activity	Location	# Done

4.

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B. ADMINISTRATION/PROFESSIONAL SERVICE

% Effort _____

1. COMMITTEE ASSIGNMENTS AT MSM AND AFFILIATED HOSPITALS [List all committee assignments during this review period, including ad hoc committees. Complete the information in the columns at the right.]

Committee Name (Institutional)	Location/Site	Responsibility		Meeting Frequency	Avg Hrs per Mtg
		Chair	Member		
Committee name (Departmental)					
Committee name (Other)					

ADMINISTRATIVE POSITIONS AT MSM AND AFFILIATED HOSPITALS. [List administrative positions held during this review period, e.g., course director, residency program director, division/section chief, clinic/medical director.]

2.

Description	Location/Site

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SERVICE ACTIVITIES OUTSIDE MSM [Describe all PROFESSIONAL service activities performed outside MSM during this review period, e.g., grants reviewer, consultation to outside agencies, chair or member of national or local committees.]

3.

Activity	Agency	Date(s)

RESEARCH

% Effort _____

GRANTS & CONTRACTS (G&C). [Include all research grants and contracts that have been developed and submitted during this review period. Complete all sections that apply. Use one block for each grant or contract.]

C.

1.

Grant [] Contract [] Title: _____ _____ _____ Role: [] PI [] Co-PI [] Investigator Funding Agency: [] National [] Local Entire period of Award: _____ Total Award: \$ _____ Indirect Cost Rate: _____ %	[a] Submitted/ Not Funded/ Pending	[b] Continu- ation	[c] New or Competing Renewal	[d] Current Year Budget	[e] Salary Covered by G&C
					% Effort
					\$ Amount

MOREHOUSE SCHOOL OF MEDICINE
FACULTY ACTIVITY REPORT
 For Fiscal Year _____

**CLINICAL
FACULTY**

GRANTS AND CONTRACTS (continued)

1.

Grant [] Contract [] Title: _____ _____ _____ Role: [] PI [] Co-PI [] Investigator Funding Agency: [] National [] Local Entire period of Award: _____ Total Award: \$ _____ Indirect Cost Rate: _____ %	[a] Submitted/ Not Funded/ Pending	[b] Continu- ation	[c] New or Competing Renewal	[d] Current Year Budget	[e] Salary Covered by G&C
					% Effort
					\$ Amount

Grant [] Contract [] Title: _____ _____ _____ Role: [] PI [] Co-PI [] Investigator Funding Agency: [] National [] Local Entire period of Award: _____ Total Award: \$ _____ Indirect Cost Rate: _____ %	[a] Submitted/ Not Funded/ Pending	[b] Continu- ation	[c] New or Competing Renewal	[d] Current Year Budget	[e] Salary Covered by G&C
					% Effort
					\$ Amount

Grant [] Contract [] Title: _____ _____ _____ Role: [] PI [] Co-PI [] Investigator Funding Agency: [] National [] Local Entire period of Award: _____ Total Award: \$ _____ Indirect Cost Rate: _____ %	[a] Submitted/ Not Funded/ Pending	[b] Continu- ation	[c] New or Competing Renewal	[d] Current Year Budget	[e] Salary Covered by G&C
					% Effort
					\$ Amount

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GRANTS AND CONTRACTS (continued)

1.

	[a]	[b]	[c]	[d]	[e]
Grant [] Contract [] Title: _____	Submitted/ Not Funded/ Pending	Continu- ation	New or Competing Renewal	Current Year Budget	Salary Covered by G&C
					% Effort
Role: [] PI [] Co-PI [] Investigator					
Funding Agency: [] National [] Local					\$ Amount
Entire period of Award: _____					
Total Award: \$ _____					
Indirect Cost Rate: _____ %					
Grant [] Contract [] Title: _____	[a] Submitted/ Not Funded/ Pending	[b] Continu- ation	[c] New or Competing Renewal	[d] Current Year Budget	[e] Salary Covered by G&C
					% Effort
Role: [] PI [] Co-PI [] Investigator					
Funding Agency: [] National [] Local					\$ Amount
Entire period of Award: _____					
Total Award: \$ _____					
Indirect Cost Rate: _____ %					

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OTHER. [Include all other research activities during this review period that are not included above, e.g., unfunded research, collaborative research with others outside MSM.]

2.	Briefly Describe Nature of Research	Departmental Resources Used [e.g., space, equipment, personnel.]

PUBLICATIONS. [List only those published or in press during this review period (July 1, 2005 - June 30, 2006).]

A. Manuscripts/Book Chapters/Reviews

3.	Full Citation
	A. Peer Reviewed
	B. Non-Peer Reviewed
	C. Book Chapter
	D. Reviewed /Other

Total Manuscripts	
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B. Abstracts [List abstracts during this review period and check applicable columns at right.]

Full Citation	Platform	Poster	National	Local

Total Abstracts				
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4. OTHER SCHOLARLY/PROFESSIONAL ACTIVITY

% Effort _____

A. Other. [List all other scholarly/professional activities during this review period that are not listed above, e.g., letters to the editor.]

A. Invited Presentations	
1. Internal	
2. External	
B. Paper or Poster Presentation	
1. Internal	
2. External	
C. Other	

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This section to be completed for clinical activities that DO NOT INVOLVE STUDENTS OR RESIDENTS. To arrive at the TOTAL NUMBER per year, multiply the columns identified in brackets next to the activity below.]

		[a] # of Sessions Per Wk	[b] # of Weeks Per Mo	[c] # of Days Per Yr	[d] # of Months Per Yr	[e] Total Number Per Year
Direct Patient Care (No students or residents present)	Location					
1/2 day clinic [a x b x d]						
1/2 day procedures [a x b x d]						
On Call at Home -- one day [c]						
On Call in Hospital -- one day [c]						
Operating Room - one day [c]						

Total Effort = A + B + C + D

Total % Effort _____