

MOREHOUSE SCHOOL OF MEDICINE  
**FACULTY ACTIVITY REPORT**  
For the Fiscal Year 2008

BASIC SCIENCE  
FACULTY

Last Name, First Name, Middle Initial

Academic Rank

At above rank at Morehouse School of Medicine since:

Department

Series 1, 11, or III

Month

Year

Consider your activities for this review period only: JULY 2005 through JUNE 2006. 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 Center/Institute Director

\_\_\_\_\_  
Signed, by the Chair

**A. TEACHING ENCOUNTERS ONLY AT MSM**

% Effort \_\_\_\_\_

**1 DIRECT STUDENT CONTACT [List the title of each course below. Indicate the NUMBER DONE of each type of course in the applicable column at right.]**

Course Title	Undergraduate (M.D.)		Graduate (MPH, Ph.D.)	
<b>Total Direct Student Contact</b>				

**2. DEVELOPMENT OF NEW COURSE**

[List course title(s) below and complete appropriate columns at right.]

Course Title	# Of Credit Hours	Principal Developer	Secondary Developer

**3. GRADUATE STUDENT TEACHING**

[Complete this section for all graduate students supervised during this review period]

Student's Name	Role Of Faculty		Student's Level	
	Major Advisor	Comm. Member	Master's	Ph.D.

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


**B. ADMINISTRATION/ PROFESSIONAL SERVICE**

**% Effort** \_\_\_\_\_

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

Committee Name	Responsibilities		Meeting Frequency	Hrs./ Meeting
	Chair	Member		

- 2. ADMINISTRATIVE POSITIONS ONLY AT MSM** [List administrative positions held at MSM during this review period, e.g., course director]


- 3. 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.]

Activity	Agency	Date(s)

**C. RESEARCH**

**% Effort** \_\_\_\_\_

- 1. GRANTS & CONTRACTS** [Include all research grants and contracts that have been developed and submitted during this review period. Also include all grants in which you are presently involved. Complete all sections that apply. Use one block for each grant or contract.]

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					

MOREHOUSE SCHOOL OF MEDICINE  
**FACULTY ACTIVITY REPORT**  
 For the Fiscal Year 2008

BASIC SCIENCE  
 FACULTY

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					

Grant [ ] Contract [ ] Title:	Submitted: Not Funded	Cont.	New/ Competing Renewal	Current Year Budget	% Of Salary Covered by G&C
Role: [ ] PI [ ] Co-PI [ ] Investigator					
Funding Agency: [ ] National [ ] Local					
Entire Period of Award:					
Total Award:					
Indirect Cost Rate:					



**3. OTHER SCHOLARLY/PROFESSIONAL ACTIVITY**

**% Effort** \_\_\_\_\_

**A. Invited Presentations**

1. Internal
2. External

**B. Paper or Poster Presentation**

1. Internal
2. External

**C. Other.** [List all other scholarly/professional activities during this review period that are not listed above.]


<b>Total Effort: A + B + C</b>	<b>Total % Effort</b> _____
--------------------------------	-----------------------------