

MOREHOUSE SCHOOL OF MEDICINE
FACULTY ACTIVITY REPORT
For Fiscal Year 2008

**CLINICAL
FACULTY**

Last Name, First Name, Middle Initial

<input type="text"/>	<input type="text"/>
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Department

Division/Section

Academic Rank

Series I, II, or III

At above rank at Morehouse School of Medicine since:

<input type="text"/>	<input type="text"/>
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Month

Year

Consider your activities for this review period only: July 1, 2005 through June 30 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 the Division/Section Chief

Signed, by Center/Institute Director

Signed, by the Chair

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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)	Location	[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
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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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					\$ Amount
Funding Agency: [] National [] Local					
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					\$ Amount
Funding Agency: [] National [] Local					
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					\$ Amount
Funding Agency: [] National [] Local					
Entire period of Award:					
Total Award: \$ _____					
Indirect Cost Rate: _____%					

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GRANTS AND CONTRACTS (continued)

	[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					\$ Amount
Funding Agency: [] National [] Local					
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					\$ Amount
Funding Agency: [] National [] Local					
Entire period of Award:					
Total Award: \$ _____					
Indirect Cost Rate: _____%					

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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				

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]	[b]	[c]	[d]	[e]
Direct Patient Care (No students or residents present)	Location	# of Sessions Per Wk	# of Weeks Per Mo	# of Days Per Yr	# of Months Per Yr	Total Number Per Year
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]						
D.						

Total Effort = A + B + C + D

Total % Effort _____