

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

For the period January 1, 20XX to December 31, 20XX

Name:

Address:

Telephone:

Fax:

E-mail (@ualberta e-mail address required):

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)		
	Education Administration (hrs)		
	Examiner (hrs)		
	Scheduled Teaching (hrs)		
	Lectures (AHD/Med. Students) (hrs)		

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

Group Taught	Lecture hrs	Seminar hrs	In-service hrs	Other hrs
	/yr	/yr	/yr	/yr
	/yr	/yr	/yr	/yr
	/yr	/yr	/yr	/yr

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

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

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

RESEARCH

1. **Research for period January 1, 20XX - December 31, 20XX:**
(ATTACH AWARD LETTER OR OTHER CONFIRMATION OF THE AWARD)

Principal Investigator	Funding Source	Amount of Funding for period Jan 1/XX - Dec 31/XX	Title of Research

2. **Papers/Abstracts** (Publications during calendar year 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

1. **Hospital Committees** (Specify Chairman or Member or other hospital administrative role)

2. **University Committees** (Specify Chairman or Member or other University administrative role)

3. **Office held in National/Regional Organizations:**

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.)

HONOURS/AWARDS

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

Signature:		Date
Attach additional information if space insufficient		Return by (date) to: XXXXX@ualberta.ca

PLEASE ENCLOSE AN UPDATED CV AND
ALL TEACHING EVALUATIONS

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