

CWRU School of Medicine
Annual Full-Time Faculty Activity Summary
January 1, 2007 to December 31, 2007

Name of Faculty Member _____ Department _____

Current Academic Rank _____

CURRENT PREFERRED WORK EMAIL ADDRESS _____

Current Tenure Status (circle one) Tenured Tenure Track Non-Tenure Track

Location (circle one) School of Medicine UH Metro VA CCF other

Part I. Teaching Activities, January 1, 2007 to December 31, 2007

A. List course numbers, titles, approximate number of students, nature of students (undergraduate, graduate, medical, local physicians, etc.), number of contact hours, and lecture topics).

B. Research and Clinical Training. List graduate students, medical students, postdoctoral fellows, residents, etc. and describe the nature and period of training for each.

C. Advising. List names or number of graduate students, medical students, undergraduates, etc., and indicate the nature of your relationship, i.e., advisor, mentor, committee members, etc.

D. Mentoring: List the names of any faculty, fellows, residents, or others you mentored during the year. Describe the mentoring services you provided and the time spent doing so.

Part II. Scholarly Activities

A. List or attach the page(s) from your current CV recording peer-reviewed papers published between January 1, 2007 to December 31, 2007. Include manuscripts in press that will be published during 2007.

B. List or attach the page(s) from your current CV recording reviews and chapters published between January 1, 2007 to December 31, 2007. Include manuscripts in press that will be published during 2007.

C. List or attach the page(s) from your current CV recording invited seminars and lectures, rounds, presentations, etc. between January 1, 2007 to December 31, 2007. Indicate date, place, audience, title.

Part III. Funding

List currently funded research, training, or clinical grants on which you are PI. Include agency, grant number, title, start and end dates, direct costs, indirect costs, and percentage effort.

List currently funded research, training, or clinical grants on which you are co-investigator. Include same information as above and indicate the name of the PI.

List other sources of research or salary support, if any.

List pending research proposals, include the same information as above.

Part IV. Service

Indicate service activities between January 1, 2007 to December 31, 2007.

A. Local service for the University or employing hospital affiliate (identify the activity and the amount of time required):

B. Other service provided outside entities. You must disclose all outside activities undertaken between 1/1/07 and 12/31/07, including but not limited to, speaking engagements; consultancies whether for nonprofit, for-profit, or legal agencies; committee work for societies, federal agencies, or foundations; service on any Board of Directors, Scientific Advisory Boards, or other advisory bodies, paid or unpaid; service on editorial boards; service as officer of a national or local professional society; participation in organizing committees or review panels; grants reviews; or any other activities not performed directly for the benefit of Case or its affiliated hospitals.

Part V. Intellectual Property Activity.

(a) Please list any invention disclosures made, patents filed or issued, and licensing agreements entered into.

(b) Please list any industry partnerships aimed at collaborative research or product development, including industrially-sponsored research agreements, grant application or activity under the SBIR or STTR programs, and application and/or participation in State commercialization programs such as the BRTT and Wright Center Grants.

Part VI. Patient Care

Indicate the number of hours, January - December 2007, devoted to patient care. _____

Part VII. Awards and Honors

Please specify:

University/School of Medicine

Local/State

International/National

Part VIII. Goals, Objectives, and Assessment.

A. Goals for Next Year

B. Comments of Division or Service Chief/Hospital Chair or Director

C. Final Assessment of Academic chairman (if different from above)
(Or Dean in review of Chairman)

D. Comments of Faculty Member

We certify that all Parts of this Faculty Activity Summary Form were completed:

Signature of Division
Chief (if applicable)
& date

Signature of Chair
& date

Signature of Faculty Member
& date (indicating that the Chair
&/or Division chief's comments
have been received)