

CLINICAL FACULTY QUESTIONNAIRE

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

E-MAIL ADDRESS: _____

Indicate area(s) of interest (check those below that you are interested in):

Teaching Interest(s):

- Foundations of Doctoring (Medical Students)
- Physician Assistant Program
- Third-year Clerkship
- Residents
- Fellowship Programs

Other Interest(s):

- Clinical Faculty Affairs Committee
- Clinical Faculty Affairs Projects
- Other - indicate other areas of interest:

Return To:

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