

**SCHOOL OF MEDICINE TEACHING SCHOLARS PROGRAM (TSP)
2008-2010**

DEPARTMENT CHAIR NOMINATION FORM

Name of faculty member:

Current academic rank:

Mailing address:

Department:

Phone: _____ FAX: _____ E-Mail: _____

1. Describe the role that the faculty member currently plays in the educational program of the department or the medical school.

2. Indicate your goals for involving the faculty member in the Program.

3. Describe how the 10% release time will be accomplished for participation in the Program.

Submitted by: _____

**Attach the candidate's current CV and mail or FAX
Submit by FAX or mail by June 24, 2008 to Deborah Stevens at ED&R
University of Colorado Denver School of Medicine
12631 E. 17th Avenue, MSF523, AO1 Bldg, Room 7210 Aurora, CO 80045
Phone: 303-724-7740
Fax: 303-724-7743**