The Ohio State University  
College of Medicine

Documentation of Associated Faculty Scholarly Activity

In 2013, the OSU Board of Trustees approved amendments to Faculty Rule 3335-5-19, which governs the appointment and promotion of Associated faculty. New rules call for departments to review Associated faculty appointments regularly to determine the level of their contributions to the University. In order to accomplish this, we are asking that you provide the following information concerning your teaching and other scholarly activities during the previous academic year, particularly those related to The Ohio State University medical students and other trainees. When you have completed this brief form, please sign and send it to the Chair of the Department of Plastic Surgery, Dr. Michael Miller. Thank you for taking the time to respond to this important questionnaire. If you have questions, please contact the OSU Department of Plastic Surgery Chair’s office at 614-293-9885

Name: __________________________________________________________

OSU Faculty Rank: ______________________________________________

Specialty/Subspecialty: ___________________________________________

Address: ______________________________________________________

_________________________________________________________________

_________________________________________________________________

Telephone: _____________________________________________________

Time interval of this report is July 1, 2013 to June 30, 2014.

Location of Teaching Activity (please mark all appropriate categories.)

_____ Private Office

_____ OSU Medical Center

_____ Other Hospital or Site (please specify) __________________________

_________________________________________________________________

_________________________________________________________________
Clinical Teaching Activity

Describe your formal teaching activities of OSU students, interns, residents, and fellows in the clinical setting.

Other Teaching Activity

In addition to clinical teaching of OSU medical students, interns or residents, what other types of teaching activity have you performed in the past year?

_____ Formal Presentations at OSU Plastic Surgery conferences

_____ Preceptorship of Elective Medical Student Rotations (Please specify___________.)

_____ Sponsorship/ supervision of Journal Club session(s)

Other Scholarly Activity (e.g., Publications, Grants, Formal presentations, national appointments, etc.)

Signature of Faculty Member Completing Form: ____________________________

Signature of OSU Department Chairman: ____________________________

Thank you for taking the time to complete this information. Please return the completed form to:

Michael J. Miller, M.D.
Chair, Department of Plastic Surgery
915 Olentangy River Rd., Suite 2100
Columbus OH 43212
FAX: 614-293-9024