

Department of Pediatrics Annual Faculty Review

Name: _						_ Division:						
Rank:					Track:							
Evaluator:						Review Period:						
investigat	ion, cli . This	nica form	I care/practice will document	advancem	ent, educati	on and admini	stration/service	chievements and e e as appropriate fo n all FRA and TFR/0	or faculty rank			
Instructio	ns for	com	pleting the for	m:								
	•		ich area of acco jects in each are	•		•	ick by LISTING 6	examples of comple	eted or			
	f accon	nplis	hment, and if t	he scope o	f work is inte	ernal or externa	al to the Divisio	CTIVENESS in each n/Department/Inst	titution.			
			E LLENCE require ward-facing) of			· · · · · · · · · · · · · · · · · · ·	•	has impact outsid	e			
	0	EFFE			•			e division, departm	ent,			
• Ex	xcellen	ce ir	n Investigation i	s required	for faculty o	n the Tenure a	nd Research Tra	acks.				
• Ex	xcellen	ce is	required in at	least TWO	areas of acco	omplishment fo	or all Tracks, an	d Effectiveness in t	he others.			
Investig	ation											
Excelle	ent or		Effective		Internal or	External to:	Division	Department	Institution			
Comment	s:											



Clinical Care/Practice Advancement

Excellent	or	Effective	Internal	or	External to:	Division	Department	Institution
Comments:								
Education								
Excellent	or	Effective	Internal	or	External to:	Division	Department	Institution
Comments:								
Administra	tion							
Excellent		Effective	Internal	or	External to:	Division	Department	Institution
Comments:								