

**UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE (UA COM)
VERIFICATION OF INVOLVEMENT IN EDUCATIONAL PROGRAMS/DIRECT
CONTACT HOURS OF TUCSON-BASED NON-SALARIED FACULTY
WITH UA MEDICAL STUDENTS/INTERNS/RESIDENTS/FELLOWS
[Current or Anticipated]
(Please print or type)**

Name (& highest degree) _____

Employer: _____

Department (at UA COM) _____

UA Title Requested _____

***Estimated Number of Hours Annual (Current Year) Direct Contact:**

Ward/Clinic Attending _____

One-on-One Mentor/Preceptorship _____

Lectures (or other "classroom" teaching): _____

Curriculum Planning & Design/Clerkship _____

Or Residency Program Administration/

Other (Define)

Total Hours _____

Signature of Applicant/Non-Salaried Faculty (Date)

Signature of Program Director or Department Head (Date)