

Activity Approval Form

Faculty Documentation for Learning Associated with Teaching Medical Students and Residents

First Name	Last Name	Degree	Specialty	
Address	Address Line 2	City	State	Zip
Email	Department	Course Name/Code		

Teaching/Educational Activity	Gap Identified	Educational Need	Related Learning Activity	Competency Domain Addressed	Resulting Change in Skills/Knowledge	Teaching Date and Time
<ul style="list-style-type: none"> Formal presentations to students and residents Development of cases, clinical problems, etc. Supervising clinical or simulated activities. Teaching clinical or other skills. Assessing learning performance (clinical or simulated settings). Other (please specify). 	Clinical knowledge skills gap. OR Gap in educational technique and understanding.	The cause or reason for the gap. Knowledge, competence or performance need that you determine to be the cause of the professional practice gap.	<ul style="list-style-type: none"> Review of current literature. Chart review and analysis. Instruction research. Consultation. Information-sharing. Clinical instruction. Other (please specify). 	<ul style="list-style-type: none"> Medical knowledge. Clinical practice/patient care. Professionalism. Systems-based practice. Practice-based learning and improvement. Communication skills. 	<ul style="list-style-type: none"> Improved teaching skills. Better understanding of pathophysiology. Improved patient management outcomes. 	Recorded in 15 minute blocks.

Teaching/Educational Activity <ul style="list-style-type: none"> • Formal presentations to students and residents • Development of cases, clinical problems, etc. • Supervising clinical or simulated activities. • Teaching clinical or other skills. • Assessing learning performance (clinical or simulated settings). • Other (please specify). 	Gap Identified Clinical knowledge skills gap. OR Gap in educational technique and understanding.	Educational Need The cause or reason for the gap. Knowledge, competence or performance need that you determine to be the cause of the professional practice gap.	Related Learning Activity <ul style="list-style-type: none"> • Review of current literature. • Chart review and analysis. • Instruction research. • Consultation. • Information-sharing. • Clinical instruction. • Other (please specify). 	Competency Domain Addressed <ul style="list-style-type: none"> • Medical knowledge. • Clinical practice/patient care. • Professionalism. • Systems-based practice. • Practice-based learning and improvement. • Communication skills. 	Resulting Change in Skills/Knowledge <ul style="list-style-type: none"> • Improved teaching skills. • Better understanding of pathophysiology. • Improved patient management outcomes. 	Teaching Date and Time Recorded in 15 minute blocks.



Validation and Credit

(To be completed by GME or CME offices only)

Validation of Approved Teacher Status

I certify that the applicant is an approved faculty member for:

ACGME LCME

Name: _____

Title: _____

Signature: _____

Date: _____

Validation that the teaching activity is for an approved residency or student program.

I certify that this teaching activity is for an ACGME or LCME accredited program.

Credit (CME)

Awarded *AMA PRA Category 1 Credits*TM: _____