**Reappointment Summary Report**

**CLINICAL Track (all ranks)**

**Name & Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department:**

**Start** **Date:**  **End** **Date\*:** **Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Standard 5 year term. If less than five years, describe reason:

D-COAP Vote: # approved \_\_\_\_\_\_\_\_ # disapproved \_\_\_\_\_\_\_\_

**Penn Medicine Clinician (PMC): YES or NO Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of ongoing Professional Service and Education Contributions to the School:**

[**Link to Guidelines**](https://www.med.upenn.edu/oaa/assets/user-content/documents/Academic%20Review/COAP/Clinical%20Track%20Guidelines.pdf)

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**Attestation statements for compliance** (*indicate adherence with a check ✓*)

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| --- | --- |
|  | **Clinical expectations have been met including:**   * Ongoing board certification or equivalent, if applicable * Minimal founded peer, patient and staff concerns related to clinical skills.   **Indicate if there is an active remediation plan:** |
|  | **Behavioral standards/Professionalism expectations have been met.**   * There are no founded concerns related to Professionalism.   **Indicate if there is an active remediation plan:** |
|  | ***to be completed by Education Officer:***  **Annual minimum of 50 credits of active and high-quality educational service has been met.** |
|  | ***to be completed by Education Officer:***  **Educational expectations have been met *–***   * Teaching data has been reviewed\* and there are minimal founded concerns.   \*If teaching data is not available, explain what was used to evaluate quality of educational activities  **Describe any concerns RE: comments/low scores and any active remediation plans here:** |

**Approved:**

\_\_\_\_ \_ \_\_\_\_\_\_\_

Name Date Name Date

**Chair, Department**  **Chief, Division**

\_\_\_\_\_\_\_\_\_\_ \_

Name Date

**Education Officer Name**