

**YALE UNIVERSITY DEPARTMENT OF PSYCHIATRY**

(12/17/03)

**FACULTY TEACHING DATABASE FORM**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office/Mailing Address:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Tel. #:** \_\_\_\_\_

**Academic Rank:** \_\_\_\_\_

**Fax#:** \_\_\_\_\_

<b>TEACHING ACTIVITY:</b> (ie, lectures, supervision, tutoring, etc.):	<b>HOW MANY HOURS ARE GIVEN TO THIS ACTIVITY?</b> (ie, hrs/wk, total hours; note allotted travel time)?	<b>HOW OFTEN IS ACTIVITY DONE?</b> (ie, frequency: weekly, monthly, specific time of year)?	<b>WHERE IS ACTIVITY DONE?</b> (i.e., CMHC, YPH, VA, YUHS, etc.) ----- <b>&amp; FOR WHOM?</b> (ie, residents, medical students, psychology trainees, social work, etc.)?	<b>WHO MAKES ASSIGNMENT /CAN VERIFY ACTIVITY?</b>
1.			-----	
2.			-----	
3.			-----	

Please describe any other activities (i.e., committees, applicant interviews, clinical exam, etc.) for which you would like to receive credit. Please use the back of this form if necessary. Thank you.

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**PLEASE RETURN THIS FORM TO: JENNIFER DOLAN, 25 PARK ST., 6<sup>TH</sup> FL., NEW HAVEN, CT 06519 (FAX # 785-7357). IF YOU HAVE QUESTIONS, CONTACT JENNIFER AT 785-2089 OR BY EMAIL AT: [jennifer.dolan@yale.edu](mailto:jennifer.dolan@yale.edu)**