

## SUMMARY OF PAST ACTIVITIES

Please let us know about your past teaching experience

Name: \_\_\_\_\_ (please print)      Date: \_\_\_\_\_

### 1) Undergraduate Education

Have you taught Undergraduate students in Family Medicine from McMaster University?

A) Core Block Rotations       Yes       No

If yes, name of core rotation and dates of the core block rotations (ex. Clerkship Supervisor or Tutor, etc.)

Core Rotation	Dates	Names

B) Elective/Selective Rotations       Yes       No

If yes, please include dates of Elective/Selective

Elective or Selective	Dates	Names

C) Other Activities       Yes       No

Undergraduate Activities not mentioned above (Ex. Small group sessions, Early Years, etc.)

Description	Dates	Names

### 2) Postgraduate Education

Have you taught Postgraduate residents in Family Medicine from McMaster University?

A) Core Block Rotations       Yes       No

If yes, name of core rotation and dates of the core block rotations (ex. Full-time Supervisor, Rural Community Experience, etc.)

Core Rotation	Dates	Names

**Postgraduate Education Continued**

**B) Elective/Selective Rotations**       Yes       No

If yes, please include dates of Elective/Selective

Elective or Selective	Dates	Names

**C) Other Activities**       Yes       No

Postgraduate Activities not mentioned above (Ex. Academic Half Day Presenter, Behavioural Science Tutor, etc.)

Description	Dates	Names

**3. Outside McMaster University**

Have you taught for learners from other Universities?       Yes       No

Details (Core/Elective/Selective)	Dates	Names

Do you currently hold an appointment at another University?       Yes       No

Name of University: \_\_\_\_\_

Rank of Faculty Appointment: \_\_\_\_\_

**Please return completed form to:**  
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