

ANNUAL SERVICE ACTIVITIES WORKSHEET

(Percentage effort _____ %)

A. Committees/Sub-Committees/Task Forces	Dept/Center	SOM	LSUHSC	National/ International	State/ Regional	Hospital
a. Number						
b. Meetings/yr						
c. Hours preparation/yr						
d. Chair/President						
e. Member						
f. Other						
B. Community Service						Number
1. Volunteer work hr/yr						
2. Comm. Serv. Committees #meetings/yr						
3. Other						
C. Clinical Services		Number	Teaching	Non-Teaching	Service Type	
1. Days/year ½ day in Clinic						
2. Days/year ½ day in Procedures/Surgery						
3. Weeks/year Clinical Service Rotation						
4. Other						
5. Call	Wk/night #/yr	Weekend Days	In-house #/yr	Call-back #/yr		
a. Teaching Hospital						
b. Non-Teaching Hospital						

Self-Assessment Notes:

Supervisor: _____

Date: _____

Faculty Member: _____

Date: _____