

## Cardiology Faculty Annual Review Form

Date:

Faculty Name:

Academic Rank:

Years at Rank:

Name of your mentor:

Primary Job:

Clinical Practice    Clinician Scholar    Clinician Educator    Administrator    Basic Researcher

Secondary Job:

Clinical Practice    Clinician Scholar    Clinician Educator    Administrator    Basic Researcher

Goals for next year:

Goals for next 5 years:

How can the Division help you achieve your goals? (Attach extra pages if needed.)

### QUANTITATIVE INFORMATION

Clinical    % Effort:    % Salary Support:

Total Billings (From Administrator)

Total RVU (from Administrator)

Research    % Effort :    % Salary Support:

Number of grants

Types of grants

Sources of grants

Total direct costs last year

Number of peer reviewed publications last 3 yrs

Education    % Effort:    % Salary Support:

Administration % Effort

PROMOTION STATUS:

Ahead of schedule    On target    Concern

NOTES:

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Faculty Signature	Date	Division Chief Signature	Date
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