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**Evaluation of Clinical or Non-Clinical Adjunct Faculty Performance**

Adjunct Faculty Name: \_\_\_\_\_

This form is used by  TCOM or  SHP department Chairs to evaluate adjunct faculty performance.

1) Since their last appointment, this adjunct faculty member, if applicable, has maintained current unrestricted medical licensure and has had no board orders that would restrict their continued participation as an adjunct faculty. Please upload current license verification.

Yes       No       N/A- faculty member has a non-clinical appointment

2) Since their last appointment, this adjunct faculty member, if applicable, has maintained appropriate AOA/ABMS specialty certification or its equivalent.

Yes       No       N/A- faculty member has a non-clinical appointment

3) This adjunct faculty member's performance has been summarily assessed and has met expectations and is recommended for reappointment.

Yes       No

a. This assessment was based on (check all that apply):

- Student/Resident evaluations of faculty member
- Course director/Clerkship director/Program Director feedback
- Course evaluations
- Observation
- Review of work products
- Service commitments
- Other: \_\_\_\_\_

\_\_\_\_\_  
Chair's Signature

\_\_\_\_\_  
Evaluation Date

\_\_\_\_\_  
Dean's Name

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