



**OAKCARE
MEDICAL
GROUP**

Faculty/Teaching Attestation Form

Alameda Health System

Due within 10 days of month's end

Submit to forms@oakcaremedical.com
or Fax to 510-645-1173

Monthly Reporting of Faculty/Teaching Attestation

MONTH _____ YEAR _____ ANNUAL HOURS _____

NAME _____ DEPT. _____ AVG. MONTHLY HOURS _____

Faculty/Teaching Activities	Participated Yes/No	
Participate in organized clinical discussions, rounds, journal clubs, and conferences.	Yes	No
Participate in faculty development programs.	Yes	No
Participate in scheduled didactic sessions/experiences	Yes	No
Participate in the Clinical Competency Committee.	Yes	No
Conduct resident evaluations and provide timely feedback/participate in the Program Evaluation Committee.	Yes	No
Participation in Scholarly Activity - publications of original research, review articles, in peer reviewed journals, or chapters in textbooks, etc..	Yes	No
Other:	Yes	No

Vacation/CME from _____ to _____. * I attest that these administrative directorship activities were conducted during this month.

Administrative Director Signature _____ DATE _____