



**Checklist for Clinical Instructor
(For CUHC Chief Residents and Fellows)**

Name: _____

Proposed Rank: Clinical Instructor of _____
(insert department name)

Department: _____

Residency/Fellowship Program Name: _____

Training Start Date: _____ **Training End Date:** _____

- 1. Checklist (*Version 5/26*)
- 2. Review Sheet for Clinical Instructor Appointment (*Version 8/23*)
- 3. Letter of Nomination by Program Director (*Version 8/23/18*)
- 4. Curriculum Vitae (*Do not remove or change sections*)
- 5. Clinical Instructor Personal Data Sheet (*Version 8/23*)
- 6. Acknowledgement Statement (*Version 8/23*)