Nova Southeastern University Dr. Kiran C. Patel College of Allopathic Medicine

Annual Faculty Scholarly Activity Report

Report for AY 2019 2020 (July 1, 2019 through June 30, 2020)

Faculty Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department/Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: You may use the format in your NSU MD academic CV when possible.*

**Articles in Peer-Reviewed Journals**

Include only articles that were published during the period of the report, do not include articles that have been submitted, are under review, or have been accepted but not yet published. Indicate your name in bold. Add rows as needed.

|  |  |
| --- | --- |
| Number | Complete Reference |
| 1 |  |
| 2 |  |
| 3 |  |

**Published Books/Book Chapters**

Include only books or book chapters that were published during the period of the report. Do not include books or book chapters in preparation. Indicate your name in bold. Add rows as needed.

|  |  |
| --- | --- |
| Number | Complete Reference |
| 1 |  |
| 2 |  |
| 3 |  |

**Co-Investigator or Principal Investigator on Extramural Grants**

Add rows as needed.

|  |  |
| --- | --- |
| Number | Granting agency, “title of grant”, duration of grant (MM/YY to MM/YY), total grant amount, your role, your 5% effort  |
| 1 |  |
| 2 |  |
| 3 |  |

 **Co-Investigator or Principal Investigator on Intramural Grants**

Add rows as needed.

|  |  |
| --- | --- |
| Number | Granting agency, “title of grant”, duration of grant (MM/YY to MM/YY), total grant amount, your role, your 5% effort |
| 1 |  |
| 2 |  |
| 3 |  |

**Posters and/or presentations at conferences that use peer review to select among submissions**

Include date (MM/YY), authors or presenters, title of poster or presentation, name of meeting, location of meeting. If an abstract was published provide the reference. Do not include posters or presentations that have been submitted and not accepted, or those that have been accepted but will be presented in the next academic year. Add rows as needed.

|  |  |
| --- | --- |
| Number | Description |
| 1 |  |
| 2 |  |
| 3 |  |

**Invited presentations at regional, national, or international universities, medical centers, or meetings**

Include date (MM/YY), all presenters, title of presentation, name of university, medical centers, or meeting, location. Indicate your name in bold. Add rows as needed.

|  |  |
| --- | --- |
| Number | Description |
| 1 |  |
| 2 |  |
| 3 |  |

**Other peer-reviewed scholarship**

Please provide details including a description of the process of peer- review. Indicate your name in bold if there are multiple authors. Add rows as needed.

|  |  |
| --- | --- |
| Number | Description |
| 1 |  |
| 2 |  |
| 3 |  |