**Western Michigan University Professional Activities Report (PAR)**

**Unified Clinics Supplement
(for use by faculty with formal assignment in Unified Clinics)**

**I. FACULTY INFORMATION**

Name: Rank:

Unified Clinics Unit: CHHS Unit (if applicable):

**II. CLINIC RESPONSIBILITIES**

1. How much of your workload is assigned to the Unified Clinics (circle one):

 100% 75% 50% 25% Other (please specify: \_\_\_\_\_\_\_)

2. Within your work at the Unified Clinics, how much time is spent in the following activities during an average week (should total to 100% of time in Unified Clinics):

|  |  |
| --- | --- |
| **Activity** | **% of time in an average week** |
| Direct patient care |  |
| Administrative duties(e.g., clinic coordinator) |  |
| Credit-based student supervision(e.g., course assignment) |  |
| Non-credit based student supervision(e.g., student volunteers) |  |
| Research  |  |
| Other (please specify) |  |