

Faculty - Annual Evaluation Form

Faculty Name: _____

Evaluator Name: _____

Board Certification ABFM/AOBFP:__

Date of Evaluation: _____

OMT Conferences Attended:

Resident Evaluation Scores of the Faculty at OMT Conferences:

	Score	Date	Score	Date	Score	Date	Score	Date
OPP/OMT Knowledge								
OPP/OMT Applications								
OPP/OMT Promotion/Support								

Resident Comments of Faculty:

Date of the Workshop: _____

Comment: _____

Osteopathic Scholarly Work/ OMT Conference Case Presentation:

Date: _____ Topic: _____

Collaborator Resident: _____

Date: _____ Topic: _____

Collaborator Resident: _____

Outside Osteopathic Faculty Development Attendants:

Date:	Location	Topic

Other Comments:

Signature of Osteopathic Faculty: _____ **Date:** _____

Signature of Director of Osteopathic Education: _____ **Date:** _____