

I am reporting on my faculty education, scholarship, practice, and/or service (ESPS) activities for the _____ (ex. Spring 2024) semester. My faculty appointment is with the _____ PA program. The category (or categories) of ESPS activities in which I engaged is/are:

<input type="checkbox"/>	Scholarship
<input type="checkbox"/>	Clinical Practice
<input type="checkbox"/>	Service
<input type="checkbox"/>	Education

I. SUMMARY OF RESEARCH/SCHOLARLY ACTIVITIES

Provide a brief summary of the research and/or scholarly activities engaged in during the specified semester by completing either the *in-progress projects* table or the *completed projects* table below for each project. Grants, conference proposals, or other proposals that were submitted but are either under review or were rejected should still be listed in the *completed projects* table along with any that were accepted.

In-progress Research/Scholarly Projects

[Working or Actual] Title of Project or Proposal	Co-author(s) (if applicable)	Description of project (e.g., research aims, methods, actual or anticipated results)	Summary of work completed in semester (e.g., completed IRB application, collected and analyzed data, etc.)	Next steps (e.g., finish analysis, prepare manuscript, submit conference proposal, etc.)

Completed Research/Scholarly Projects

Title of project or submitted proposal	Co-author(s) (if applicable)	Date submitted, presented, or published	Name of journal, conference, or grant agency	Description of project (e.g., abstract)	Status (e.g., under review, accepted, rejected, etc.)	Link/doi (if applicable)

Provide any additional information that you would like to share related to your research/scholarly activities as part of your ESPS day(s).

II. SUMMARY OF CLINICAL PRACTICE ACTIVITIES

Provide a summary of the clinical practice activities engaged in during the specific semester by completing the table below.

Clinical Practice Site Name	Clinical Practice Address, City, and State	Avg. Clinical Hrs Worked per Day (on ESPS day(s))	Avg. Number of Patients Seen per Day (on ESPS day(s))	Do Students Participate?

Provide any additional information that you would like to share related to your clinical practice activities as part of your ESPS day(s).

III. SUMMARY OF SERVICE ACTIVITIES

Provide a summary of the service activities engaged in during the specific semester by completing the table below.

Name of organization	Type of project/activity and your role (e.g., mission trip, journal reviewer, committee chair, board member, etc.)	Outcome(s) or progress made (e.g., feasibility study completed, mission trip conducted, publications reviewed, monthly meetings held to develop business plan, etc.)	Avg. hours per week spent on activity

Provide any additional information that you would like to share related to your service activities as part of your ESPS day(s).

IV. SUMMARY OF EDUCATIONAL ACTIVITIES

Provide a summary of the educational activities engaged in during the specific semester by completing the table below.

Name of organization providing educational opportunity	Type of educational activity (e.g., level and name of degree or certificate program, CME (beyond the allocated 40 hrs/semester), etc.)	Activities completed (e.g., name and title of courses, webinars, etc.)

Provide any additional information that you would like to share related to your educational activities as part of your ESPS day(s).