

**University of Maryland School of Dentistry
Clinical Affairs Student Education Activities Form- CIRCLE ONE:
NON CLINICAL/ EDUCATIONAL/ COMMUNITY SERVICE**
Form is required for all curricular and non-curricular (volunteer service) activities

Instructions: Return completed/signed forms to: 1) ELYSE MARKWITZ email: emarkwitz@umaryland.edu and 2) your class community service chair for consideration towards Dean's Community Service hours.

EVENT INFORMATION

Date of Event: _____ **Start and End Time of Event:** _____

Name of Event/ Course/Program: _____

Location Name (e.g. School name, Organization name) and Address of Event: _____

Faculty Managing Event or Other Sponsor/Leader:

Name: _____ **Title:** _____

Email: _____

Phone number: _____

Name of UMSOD Student Group/Organization involved in the Event and Name of Faculty Advisor(s) (if applicable): _____

Description of Event: _____

Description of how the student's participation is part of the curriculum (if applicable): _____

List of Activities to be performed: _____

Form submitted by (print name): _____

SIGNATURES

Signature of Course Director/Faculty Member/Event Sponsor or Leader **Date**

Printed Name of Course Director/Faculty Member/Event Sponsor or Leader

Signature of Department Chairman **Date**

Printed Name of Department Chairman

LIST NAMES OF PARTICIPANTS ATTENDING EVENT AND PUT A CHECK UNDER THE CORRECT CATEGORY

Number	Name of Provider	Faculty	Dental Student	Dental Hygiene Student	Resident	Staff	Hours
1							
2							
3							
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