

**University of Maryland School of Dentistry Clinical Operations
Student Education Activities Form- NON CLINICAL/ EDUCATIONAL ONLY
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 Event 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	CATEGORY					
		Faculty	Dental Student	Dental Hygiene Student	Resident	Staff	Hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							