

University of Maryland School of Dentistry**Clinical Affairs****Student Education Activities Form- CIRCLE ONE: NON-CLINICAL/ EDUCATIONAL***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 Caitlin Turton cturton@umaryland.edu

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 Chairperson** _____ **Date** _____**Printed Name of Department Chairperson** _____

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
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