

## Summary of Clinical Activities

Applicant's name: \_\_\_\_\_

### A. Ambulatory clinics

Example

Name of Clinic	Number of clinics/week
Multiple Sclerosis	One ½ day
Stroke Prevention	Three ½ day
General Neurology	One ½ day

Name of Ambulatory Clinic	Number of clinics/week

### B. Consult Service

Name of Consult Service	Number of weeks/year

### C. Inpatient Service

Name of Inpatient Service	Number of weeks/year

### D. E-consults

E-consults	Approximate number/week

**E. Procedures**

<b>Name of Procedure</b>	<b>Number per month</b>

**F. Other Clinical Activity**

**Please describe:**