

**Office of Program Evaluation, Education and Research (PEAR)  
Faculty Evaluation Request Form**

**Faculty Name:** \_\_\_\_\_

**Request Date:** \_\_\_\_\_

**Please list your participation in any of the medical school curriculum over the past five academic years.**

**Phase I (Medical School Years 1-2)**

Academic Year	Block Name	Role (e.g. Lecturer, Tutor, Block Chair, Facilitator)	Notes

**Phase II (Medical School Year 3)**

Academic Year	Clerkship	Role (e.g. Lecturer, Tutor, Preceptor)	Notes

**Phase III (Medical School Year 4) – Comprehensive Ambulatory Care**

Academic Year	Role (e.g. Lecturer, Preceptor)	Notes

**Perspectives in Medicine (PIM)**

Academic Year	Course Name	Notes

Please allow up to five business days to fulfill your request.

**Please email this form to the Office of Program Evaluation, Education, and Research (PEAR) at [PEAR@salud.unm.edu](mailto:PEAR@salud.unm.edu).**