

University of Maryland School of Medicine
Documentation of Unprofessional Behavior of Medical Students

_____	_____
Student's Name	Course
_____	_____
Course Director	Year of Program
_____	_____
Course Director's Signature	Phone Number

Date this form was discussed with the student:

Circle the appropriate category and add comments. Note that comments are required for documentation.

If this is a report of critical event, please report the nature of the event below (add more comments on the back if required) provide documentation and attach a copy of the evaluation form (#3).

:

If this report is based on the PreClinical or Clinical Evaluation Form, circle the appropriate category or categories, provide documentation and attach a copy of the evaluation form (#1 or 2).

- A. Altruism Comments: _____
- B. Duty _____
- C. Excellence _____
- D. Respect
- E. Honor and Integrity

(Please turn over to record student's signature)

Form 4*
HELPERS-PRO

Comments (*cont'd*):

This form has been discussed with me and I am aware of the contents.

Signature of Student

Date of Signature

Send to the Associate Dean for Student Affairs.

*Adapted from the Task Force on Professionalism in Undergraduate Medicine at the University of Toronto,
May 2001