

Community Outreach Information Form – For Faculty

Name of Event: _____

Date(s): _____

The information requested below is needed in order to prepare assignment letters or Professional Liability Questionnaires. **Limit responses to patient care activities that the faculty member will be providing on behalf of UCF at the event. Please do not include information on patient care that they are or may be qualified to provide but are not anticipated to provide at the event. Doing so could result in an unnecessary increase in SIP funding.**

Name	Email	UCF Faculty Appt. (employed or courtesy)	Assigned Patient Care Activities	Surgery Class* (letter)	Specialty** (number)	# of hours of patient care provided

*** Surgery Class:**

A. None – Includes incision of boils & superficial fascia, suturing of minor lacerations and removal of superficial skin lesions by other than surgical excision.

B. Minor – Includes operations not considered to involve a risk to life, circumcisions, & non-major OB procedures. **Excludes** all surgeries and procedures that meet the criteria of major surgery.

C. Major – Includes removal of tumors, open bone fractures, amputations, removal of any gland or organ, plastic surgery, tonsillectomy, adenoidectomy, caesarean section, and any operation in or upon any body cavity, including but not limited to cranium, thorax, abdomen or pelvis or any other operation that because of the condition of the patient or the length or circumstances of the operation present a distinct hazard to life.

**** Specialty List:**

- | | | | | | |
|----------------------------|-------------------------|--------------------|--------------------|-----------------------|----------------------|
| 1. Anesthesiology | 4. Internal Medicine | 7. OB & Gynecology | 10. Otolaryngology | 13. Podiatry | 16. Radiology |
| 2. Emergency Medicine | 5. Neurological Surgery | 8. Ophthalmology | 11. Pathology | 14. Psychiatry | 17. Surgery |
| 3. Family Practice/Gen Med | 6. Neurology | 9. Orthopedics | 12. Pediatrics | 15. Radiation Therapy | 18. Other (describe) |

Acknowledged and reviewed by:

[Faculty member who can attest that the above information is accurate with regard to the event]

Date