Medical Student Critical Incident Report

Name of Student: _____________________________________________________________

This student has exhibited unacceptable behavior in the following area(s):

Check all that apply.

[ ] Communication skills   [ ] Knowledge   [ ] Professionalism   [ ] Leadership
[ ] Attitude               [ ] Skill Level   [ ] Humanism           [ ] Teaching
[ ] Other, please indicate ___________________________________________________________________________________

Description:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SIGNATURE: _________________________  PRINTED NAME ____________________    DATE_________________

PLEASE RETURN THIS FORM TO:
OFFICE OF CURRICULUM & ACADEMIC AFFAIRS
1600 MEDICAL CENTER DRIVE, SUITE 3400
HUNTINGTON, WV 25701-3655
PHONE: 304-691-1731    FAX: 304-691-1740