



## MARSHALL MENTOR PROGRAM

### Medical Student Evaluation Form for Early Clinical Experience

Academic Year 2021-2022

**This form must be completed in order to receive CME credit.** Clinicians will receive 10 hours of CME credit for every student with whom they work for a maximum of 20 CME hours.

**Student Name:** \_\_\_\_\_

**Clinician Name:** \_\_\_\_\_

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

**Did the student meet your expectations with respect to?**

	Did Not Meet Expectations	Meets Expectations	Exceeds Expectation
Demonstrating eagerness for learning?			
Exhibiting professional conduct?			
Demonstrating empathy and respect for patients?			
Additional Comments:			

Faculty Name (please print):

\_\_\_\_\_

Faculty Signature:

\_\_\_\_\_

**This form should be submitted to Laura Christopher, Asst. Director of Academic and Career Support Services**

[christopherl@marshall.edu](mailto:christopherl@marshall.edu) or Fax: 304-691-1727