

## Clinical Service Statement

**Date:**

**Name:**

**Email:**

**Division:**

**Service Chief:**

Please use the space below to describe significant contributions for each criteria. Refer to the Clinical Distinctions document or complete descriptions of requirements in each area. Two-page limit.

1. **Quality of Care and Patient Satisfaction [required]** *(use this section to describe your clinical service contributions, including metrics to support the quality of your care, your referral base, etc.)*

2. **Innovation [encouraged]** *(describe any new programs or procedures that you have brought to Emory, or any process improvements that have led to better patient care)*

3. **Citizenship [required]** *(describe citizenship activities, such as participation in grand rounds, required certifications, teaching, mentoring, committee work, etc)*

4. **Administration [optional]** *(use this section to describe your administrative contributions to patient care, e.g. directorships, patient access improvements)*