Emory Department of Medicine
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 on the Faculty Development Website for 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)*