UCSF School of Dentistry

Professionalism Action Plan Follow Up Form

Type or print all entries.

Learner Name	
Course Name and Course Number	
Course or Clinic Director, Program Director, Faculty Member, or Clinical Coach Name and Title	
Quarter and Year	
Date Discussed with Learner	
Signature (required)	
Date	

Note: All communication regarding a student's progress is confidential and should not be shared with anyone outside of this professionalism process unless otherwise permitted/required by law.

Examples and Documentation of Improvement

UCSF School of Dentistry

Outcome		
PER and Action Plan Successfully Completed:	Yes ☐	No ☐

Learner Signature	
Date	
Course/Clinic Director, Program Director, Faculty Member, or Clinical Coach Signature	
Date	

Once the student has signed this form, please scan and email this form to the Associate Dean for Education and Student Affairs. This report will be reviewed and monitored by the Student Status Committee as part of the Global Assessment of student progress. A copy will be placed in the learner's file.