

**Professionalism Commendation/Concern Report
SUNY Upstate Medical University
College of Medicine**

_____ Concern Report

_____ Commendation Report

Name of Student:

Name of Individual submitting the report:

Date of Incident:

Date of report:

Course/Clerkship (if applicable):

Phone number at which you can be reached:

In general, it is expected that the individual submitting this report will have discussed it with the student PRIOR to submitting the report. If this is not the case, please contact the Associate Dean for Undergraduate Medical Education PRIOR to submitting the report.

Date discussed with student:

Date discussed with Course/Clerkship Director if applicable:

Please describe the incident/pattern of commendation or concern in detail:

Please describe any action plan that arose out of this incident/pattern if it was of concern:

Please submit this report to Susan Anderson, anderssu@upstate.edu

For Office Use Only:

This report was discussed with student.

Leann Lesperance, MD PhD
Matt Mason, MD
Thomas Poole, PhD

Date

Student

Date

Copy sent to (if applicable):

Name of Advisor

Date

Dean of Student Affairs

Date

University Judicial Coordinator

Date

Individual Initiating Report Notified of Action

Date