



School of Oriental Medicine


Continuing Education:

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Membership & Participation in Professional Organizations:

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Other (including professional growth gained through outside employment):

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In the space provided below, give an explanation as why you have chosen to participate in the Activities listed in your plan, i.e., explain why this plan is suited to your needs as an instructor:

<p><b>Explanation:</b></p>          
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_____ Signature (Faculty)	_____ Date	_____ Signature(Supervisor)	_____ Date
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