



### Medical Director Monthly Report

**IMPORTANT NOTICE:** *No compensation will be paid until the Monthly Report for that period is submitted.*

*Report must be typed; handwritten reports will not be accepted.*

*Fill in Comment/Description box for each and every activity, and be specific*

*Monthly report is to be submitted to [QualityMgmt@UToledo.Edu](mailto:QualityMgmt@UToledo.Edu) by no later than the first Monday of the following month.*

**Department:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

| <b>Activity Numbers</b>  |  |
|--|--|
| 1. Care Coordination with doctors, other staff, other departments<br>2. Educational (self, staff, others)<br>3. Miscellaneous***<br>4. Meetings (patient, department, committee)<br>5. Time spent preparing or following-up from meetings etc. | 6. Program evaluation activities, i.e., budgeting, survey, accreditation<br>7. Policy/procedure/development review<br>8. Equipment<br>9. Quality assurance/utilization review/record review<br><br>***Misc.: Please fill in in description and be specific |

| Date               | Activity Number | Comments/Description | Time Spent |
|--------------------|-----------------|----------------------|------------|
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| <b>Total Hours</b> |                 |                      |            |

I hereby certify that the above information is a true and accurate recording of the time spent on the duties required as Medical Director.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

