



CMSC LEADERSHIP CERTIFICATION PROGRAM
General Leadership
 PASSPORT



Name: _____ Email: _____ Class: _____

General Requirements

I have read "Physician-Citizens: Public Roles and Professional Obligations" (JAMA. 2004; 291(1): 94-98).
 Completion Date: _____ Your Signature: _____

Dialogue with the Deans Date: _____ Signature: _____
 (CMSC Exec Board Member)

Leadership Series Events (2 out of 4)

1. Event Title: _____ Date: _____

Signature: _____ Name: _____
 (CMSC Exec Board Member)

2. Event Title: _____ Date: _____

Signature: _____ Name: _____
 (CMSC Exec Board Member)

Track-Specific Requirements

Day-long Events (at least 2 – one of which *MUST* be the Leadership Retreat)

1. Event Title: _____ Organization: _____

Signature: _____ Date: _____

Name & Email: _____ Title: _____

2. Event Title: _____ Organization: _____

Signature: _____ Date: _____

Name & Email: _____ Title: _____

Community Service Event (at least 1)

3. Event Title: _____ Organization: _____

Signature: _____ Date: _____

Name & Email: _____ Title: _____

Attend a CMSC, UMSC, or HPSC Meeting (at least 1)

4. Event Title: _____ Organization: _____

Signature: _____ Date: _____

Name & Email: _____ Title: _____

Ten (10) Additional Events (*no more than two from the same hosting organization*)

5. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
6. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
7. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
8. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
9. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
10. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
11. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
12. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
13. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____
14. Event Title: _____ Date: _____ Organization: _____
Signature: _____ Type of Event: _____
Name & Email: _____ Title: _____