



CMSC LEADERSHIP CERTIFICATION PROGRAM
Organizational 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 (see track-specific requirements below)

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 1 –which *MUST* be the Leadership Retreat)

1. Event Title: _____ Organization: _____

Signature: _____ Date: _____

Name & Email: _____ Title: _____

Community Service Event (at least 1)

2. Event Title: _____ Organization: _____

Signature: _____ Date: _____

Name & Email: _____ Title: _____

Four (4) CMSC Meetings

3. Meeting Date: _____

Signature: _____
(CMSC Exec Board Member)

Name: _____ Title: _____

4. Meeting Date: _____

Signature: _____
(CMSC Exec Board Member)

Name: _____ Title: _____

5. Meeting Date: _____

Signature: _____
(CMSC Exec Board Member)

Name: _____ Title: _____

6. Meeting Date: _____

Signature: _____
(CMSC Exec Board Member)

Name: _____ Title: _____

Two (2) Dialogue with the Deans Meetings

7. Meeting Date: _____

Signature: _____
(CMSC Exec Board Member)

Name: _____ Title: _____

8. Meeting Date: _____

Signature: _____
(CMSC Exec Board Member)

Name: _____ Title: _____

One (1) Meeting with another Student Organization President or CMSC/UMSC/HPSC Exec

9. Meeting Date: _____

Signature : _____
(Other Student Org President)

Name: _____ Title & Organization: _____