

\_\_\_\_\_  
PRR Date

**UCSD SCHOOL OF MEDICINE  
PROFESSIONALISM REMEDIATION REPORT (PRR)**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Course

\_\_\_\_\_  
Quarter/Year of Course

\_\_\_\_\_  
Date

The above mentioned student has completed remediation of the difficulties cited in his/her Professionalism Evaluation Form(s) dated: \_\_\_\_\_

The improvements cited below demonstrate that the student's professional and personal attributes now meet the standards of professionalism inherent in being a physician.

\_\_\_\_\_  
Chair, Pre-Clinical/Clinical Chairs Committee