
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, Clerkship Directors Committee