

**CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST**  
**Clinical Science Departments**



Name:

Department:

Campus:

Rank Requested:

Board Certified:  YES  NO  NOT APPLICABLE

Gender: Male Female Unknown/Unspecified

Medical Specialty:

Must Attach:

- Current CV
- Position Description
- Board Certification (if applicable)
- Draft Letter of Appointment

Email:

Notes:

Requested by:

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Date

Campus Dean:

Recommend  Do not recommend

\_\_\_\_\_  
Campus Dean

\_\_\_\_\_  
Date

Senior Associate Dean, Education & Faculty Affairs:

Recommend  Do not recommend

\_\_\_\_\_  
Kenneth Ruit, Ph.D.

\_\_\_\_\_  
Date

Dean/VP for Health Affairs:

Approve  Do not approve

\_\_\_\_\_  
Marjorie Jenkins, MD, MEdHP, FACP

\_\_\_\_\_  
Date

The draft letter of appointment, which was attached to this request, has been approved and should be sent to the above named person, along with a position description, requesting that he/she sign the letter indicating acceptance. Please return the signed letter to Education and Faculty Affairs.

Office of Education and Faculty Affairs use only:

- Return copy of completed form to department
- Acceptance letter of appointment received
- Create ID card and certificate
- Enter in faculty affairs database
- Add to Listserv
- Create electronic file in Versatile