CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST Clinical Science Departments



Name: Department: Campus: Rank Requested: Board Certified: YES NO NOT APPLICABLE Medical Specialty: Notes:	Board (
Requested by:	Recommend	Do not recommend
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
- $\hfill\square$ Add to Listserv
- □ Create electronic file in Versatile