

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

Joshua Wynne, M.D., M.B.A., M.P.H.

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