## CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST Health Science Departments



Name: Department: Campus: Rank requested: Board Certified: YES NO NOT APPLICABLE Gender: Male Female Unknown/Unspecified	Must Attach: Current CV Position Description Board Certification verified (if applicable) Draft letter of appointment Email:
Medical Specialty:	
Notes:	
Requested by:	
Department Chair	Date
Recommendations:	
Associate Dean for Health Sciences:	□Recommend □Do not recommend
	– Date
David Relling, P.T., Ph.D	Date
Senior Associate Dean, Education and Faculty Affairs:	□Recommend □Do not recommend
Kenneth Ruit, Ph.D.	 Date
Approval:	
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:

□ Acceptance letter of appointment received

<sup>□</sup> Return copy of completed form to department

<sup>□</sup> Create and send ID card, certificate and benefit information to department/notify campuses

<sup>□</sup> Enter in faculty affairs database

<sup>□</sup> Create electronic file in Versatile