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

UND SCHOOL OF MEDICINE & HEALTH SCIENCES
UNIVERSITY OF NORTH DAKOTA

Name:

Department: Choose One

Campus: Choose One

Rank requested: Choose One

Board Certified: ☐ YES ☐ NO ☐ NOT APPLICABLE

Medical Specialty: _____

Must Attach:
- ☐ Current CV
- ☐ Position Description
- ☐ Board Certification verified (if applicable)
- ☐ Draft letter of appointment

Email: _____

Notes:

Requested by:

_____ _____
Department Chair Date

**Recommendations:**

Associate Dean for Health Sciences: ☐ Recommend ☐ Do not recommend

_____ _____
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.

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Office of Education and Faculty Affairs use only:
- ☐ Return copy of completed form to department
- ☐ Acceptance letter of appointment received
- ☐ Create and send ID card, certificate and benefit information to department/notify campuses
- ☐ Enter in faculty affairs database
- ☐ Create electronic file in Versatile