

**CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST**  
**Health 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 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

\_\_\_\_\_  
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 and send ID card, certificate and benefit information to department/notify campuses
- ☐ Enter in faculty affairs database
- ☐ Create electronic file in Versatile