

CLINICAL VOLUNTEER FACULTY APPOINTMENT REQUEST
Health Science Departments



Name:
Department:
Campus:
Rank requested:
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

Campus Dean:	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do not recommend

Campus Dean	_____	_____
	Date	

Associate Dean for Health Sciences:	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do not recommend

Thomas Mohr, Ph.D	_____	_____
	Date	

Associate Dean for Education and Faculty Affairs:	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do not recommend

Kenneth Ruit, Ph.D.	_____	_____
	Date	

Dean/VP for Health Affairs:	<input type="checkbox"/> Approve	<input type="checkbox"/> 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, Stop 9037.

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