

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

Recommendations:

Associate Dean for Health Sciences	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do not recommend
_____	_____	_____
David Relling, P.T., Ph.D	Date	

Associate Dean for Education & Faculty Affairs	<input type="checkbox"/> Recommend	<input type="checkbox"/> Do not recommend
_____	_____	_____
Kenneth Ruit, Ph.D.	Date	

Approval:

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