



APPLICATION FOR VOLUNTEER FACULTY APPOINTMENT

To be signed by SOM Department Chair prior to submission to the SOM Office of Academic Affairs

Banner ID: _____ Department: _____ Date: _____

Name: _____ Degree: _____ SS#: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Board Certified: Yes No Specialty Board: _____

Ethnicity: Hispanic Non-Hispanic Gender: Male Female

Race: (Check all that apply) American Indian/AK Asian Black/African American Hawaiian/Pacific Islander White

APPOINTMENT INFORMATION:

This appointment will be effective _____, _____ to December 31, _____

Effective Date: _____ Rank: _____ Secondary Appointment Request: Yes No

Clinical titles are used for volunteers in the Clinical Departments and Adjunct titles are used for volunteers in the Basic Science Departments and Research/PhDs in Clinical Departments.

Check all that apply: Department Preceptor Preceptor Volunteer Faculty

Is this the individual's first appointment as volunteer faculty? Yes No

If no, please enter previous appointment information: Department: _____ Approx. Date of Appointment: _____

Has clinical/adjunct faculty member ever held a paid position at the UNM School of Medicine or HSC? Yes No

Does clinical/adjunct faculty member currently have UNM HSC Medical Staff Membership and privileges? Yes No

Please note faculty who have received a non-renewal contract from the UNM, School of Medicine are ineligible for a Volunteer Faculty Appointment.

Volunteer Faculty Member Signature: _____ Date: _____

APPROVAL

Department Chair: _____ Date: _____

Senior Associate Dean of OAA: _____ Date: _____

Please attach a cv and memo describing the activities this clinical/adjunct faculty member was involved in during the past two years. For example: education and/or teaching; patient care; research, scholarship, creative activities; administration; other: AND your plan for this clinical/adjunct faculty member during the next two years.