UC RIVERSIDE, SCHOOL OF MEDICINE

APPOINTMENT SUMMARY FORM
CLINICAL FACULTY (TITLE CODES: 2077, 2057, 2037, 2017)

TO: CLINICAL FACULTY APPOINTMENT COMMITTEE

THRU: CHAIR: _____ **INITIAL HERE_____ DATE_____**

(**FACULTY MEMBER PROPOSING APPOINTMENT**)

FROM: _____ **INITIAL HERE_____ DATE_____**

Candidate Name:_____ **PROPOSED BEGIN DATE:**_____

Candidate Email Address: _____ **Candidates Highest Degree:** _____

PROPOSED APPOINTMENT: CLINICAL FACULTY RANK: ☐**Clinical Instructor** ☐**Assistant** ☐**Associate** ☐**Full**

SPECIALTY: _____ **SITE LOCATION:** _____

PROPOSED TEACHING ROLE:

☐**Medical School**   **If applicable include:**
☐**GME**   **Block or Rotation**_____

DESCRIPTION OF SPECIFIC TEACHING ROLE:

<mark>Choose one or more applicable activity & provide a description for each selected category:</mark>

☐PBL/Clinical Skills/Doctoring
☐LACE
☐Clerkship
☐4th Year Elective
☐Residency
☐Fellowship
☐Other (describe): _____

Describe Activity:

QUALIFICATIONS (i.e., degrees, Board Certifications, Residency, Fellowships, or Other Comments)

CONTACT: _____ **DIVISION:**_____

9/8/2016