

UC RIVERSIDE, SCHOOL OF MEDICINE

RE-APPOINTMENT SUMMARY

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

TO: CLINICAL FACULTY APPOINTMENT COMMITTEE

THRU: CHAIR: _____ INITIAL HERE _____ DATE _____

(FACULTY MEMBER PROPOSING RE-APPOINTMENT)

FROM: _____ INITIAL HERE _____ DATE _____

Candidate Name: _____ Candidate Email Address: _____

PROPOSED RE-APPOINTMENT: CLINICAL FACULTY RANK: Clinical Instructor Assistant Associate Full

SPECIALTY: _____ SITE LOCATION: _____

CONFIRM CONTINUED TEACHING ROLE:

Medical School

If applicable include:

GME

Block or Rotation _____

REQUIREMENTS: PLEASE SUPPLY TEACHING EVALUATIONS AND UPDATED CV WHEN SUBMITTING FORM FOR REAPPOINTMENT.

Per APM 279-17 Reappointment **must include a written evaluation from the Chair or designee of clinical competence.** Please provide a statement here or attach a statement letter if you need more space:

DESCRIPTION OF SPECIFIC TEACHING ROLE:

Choose one or more applicable activity & provide a description for each selected category:

PBL/Clinical Skills/Doctoring

LACE

Clerkship

4th Year Elective

Residency

Fellowship

Other (describe): _____

Describe Activity:

CONTACT: _____

DIVISION: _____