ADJUNCT FACULTY MEMBER APPOINTMENT DATA FORM (ATTACHMENT A)

APPLICANT INFORMATION

EMORY FACULTY SPONSOR:____

NAME OF APPLICANT: ____

SEX: MALE ___ FEMALE ___ DATE OF BIRTH: _________________________

TITLE/DEGREE: ____

SPECIALTY/MAJOR: ____

BOARD ELIGIBLE/CERTIFIED IN SPECIALTY: NO _____ YES _____ N/A______
If yes, date and type: ____________________________ _______________________

LICENSE #: ___________________________ **STATE:** _________________________

MEDICAL STAFF / CLINIC / HOSPITAL AFFILIATION(S):

____

EMAIL ADDRESS: ____

PREFERRED ADDRESS Circle one: Home Business

ADDRESS: __________________________________ **(____)** ___________
PHONE
__________________________________ **(____)** ___________
CELL

I hereby apply for appointment as an Adjunct faculty member for the Department of Family and Preventive Medicine or Department of Medicine in the Emory School of Medicine in support of the Primary Care Consortium programs. I understand such appointments are a privilege and not a right, and that the Chair of the relevant Department or the Dean of the Emory School of Medicine has the right to make, deny, or revoke such appointments at their discretion. Submission of this application does not guarantee appointment. I agree to perform and document a minimum of twenty-five (25) hours annually of participation in one or more of the attached activities in order to be approved for appointment or reappointment. If approved, initial appointments will be for up to two (2) years. Reappointment is contingent upon completion and documentation of annual service activities by the end of May of the year of expiration.

APPLICANT SIGNATURE: _____________________________ **DATE:** ________________

PLEASE RETURN COMPLETED REQUEST WITH ALL REQUIRED DOCUMENTATION TO FACULTY SPONSOR, WHO WILL FORWARD TO:

Patricia Woodard (pdwooda@emory.edu), Business Manager, Programs, Emory Department of Family and Preventive Medicine, O: 404-727-1360; F: 404-727-4156

SPONSOR SIGNATURE: ______________________________ **DATE:** ________________