

## **VOLUNTEER CLINICAL PROFESSOR APPOINTMENT FORM**

Sections I-VII are to be completed by the applicant (additional pages may be added, if needed):

I.Contact Information
Name:
Address:
Telephone: Fax: E-mail:
II. Education
Degree: Date of Degree: School/Location
Training program & Location: Dates:
Training program & Location: Dates:
Specialty:
ABME Boards (Circle one): Eligible/Certified/Recertified Date:
Specialty:
ABME Boards (Circle one): Eligible/Certified/Recertified Date:
III. Teaching Experience (if additional space is needed, place add an extra page)  1) Institution/Location  Role
Reason for Leaving:
2) Institution/Location
Role
Reason for Leaving:
IV. Teaching Preferences (Check all that apply):
Setting:UCDMC clinics/wards,free student-run clinics,your own office or hospital research labs,classroom discussions/small groups,lectures/presentations
Level of Trainee:medical students,residents/fellows,grad students/post-docs
V Do you have research experience? No Ves (please describe helow)



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VI . Numbers of anticipated yearly teaching hours <i>(check one)</i> 50 hours or more per year20-49 hours per year		
VII: Would you be interested in serving on search committees professors in lieu of some of your teaching obligations?	to identify new volunteerNoYes	
VI. References (Please list 2 professional references and their contact information):		
Sections VI-X are to be completed by the department		
VI. Department name		
VIII. Proposed rank		
IX. Effective Date		
X. Briefly describe the appointee's proposed teaching role and how this will benefit the teaching programs of the department or school:		
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Department Chair/Division Chief Signature	Date	
Dean's Office Use Only  Approve as proposed (background check:_pending	completed)	
	completed)	
Approve with modifications		
Not Approved		
Comments:		
Associate Dean's Signature	Date	