# ***(PLEASE USE YOUR DEPARTMENT STATIONERY)***

***DATE***

***FULL NAME***

***ADDRESS***

***CITY, STATE ZIP***

Dear ***NAME:***

The Board of Trustees of The University of Toledo, at its meeting of XXXXXX*,* approved your ProMedica practitioner track faculty appointment at the rank of Clinical XXXXX Professor in the Department of XXXXXXX, College of Medicine and Life Sciences, for the period XXXXXX through XXXXXX. Your UT identification Rocket # is R-------------, and attached are instructions on how to activate the UTAD account if you have not yet activated your account.

This appointment is conferred in recognition and appreciation of your commitment to devote professional time and effort to official programs and activities of The University of Toledo (UT) College of Medicine and Life Sciences. Practitioner track faculty members make significant contributions through teaching and mentoring students, conducting collaborative research with UT investigators, and providing clinical training experiences. During your appointment you shall participate and contribute to the education, research and service missions of the Department of XXXXXXX and the UT College of Medicine and Life Sciences as directed.

As a condition of your appointment, you will be subject to the College of Medicine & Life Sciences Faculty Rules and Regulations, and UT policies and procedures, including those governing research. Use of your UT title or academic affiliation on professional publications, such as professional journal articles, requires the prior approval of, and is at the discretion of the department chair. Any research projects which involve human subjects, and for which you might identify yourself as a UT faculty member on resulting publications, must be reviewed and approved by the UT and ProMedica IRBs prior to initiation of the research.

Practitioner track faculty are not considered to be officers or employees of UT with respect to benefits, retirement programs or coverage for claims of professional liability and are not entitled to civil immunity from suit, even when acting in their capacities as faculty. Through the acceptance of the appointment, you expressly waive the right to claim benefits or immunity under Ohio law and acknowledge that the University is not responsible for providing a defense or for paying a judgement with respect to a professional liability claim filed against you.

When you engage in a clinical practice, you must maintain your own separate professional liability coverage.

Thank you for your personal commitment and support of The University of Toledo College of Medicine and Life Sciences.

Sincerely,

Christopher Cooper, M.D. Name

Executive Vice President for Clinical Affairs Title (Chairman)

Dean of the College of Medicine & Life Sciences Department Name

cc: Office of Faculty Affairs