



The University of Toledo/Health Science Campus
COMMUNITY-BASED FACULTY
Appointment or Change of Status Form

Action: _____ **Action Effective Date:** _____

Name: _____ **Social Security No., Last Four Digits*:** _____
Last First Middle Degree

Address: _____
Street City State ZIP Code

Phone: _____ **Email*:** _____ **Date of Birth:** _____

Clinical Setting Location*: _____ **Subspecialty*:** _____ **Required*

Commitment to Teaching Attestation*

- | | |
|----------------------------------|--------------------------------|
| Without Medical Staff Privileges | Clinical Supervision Residents |
| With Medical Staff Privileges: | Clinical Supervision Students |
| Criminal Background Check | Research |
| Drug Test/Immunizations | Other – Specify: _____ |
| HIPAA/Compliance Requirements | |

| | CURRENT | PROPOSED |
|---------------------|---------|----------|
| Primary Department: | _____ | _____ |
| Academic Rank: | _____ | _____ |

Joint Appointment(s): _____ Academic Rank: _____

Joint Appointment(s): _____ Academic Rank: _____

AUTHORIZATIONS

Chairperson (Primary Dept.) _____

Chairperson (Joint Dept.) _____

Appointing Authority _____

Dean of Respective College _____

Board of Trustees Approval Date _____

*Send completed form with supporting material to the Office of Faculty Affairs
 APT Recommendation if applicable, Letter from Chair to the Dean requesting appointment, CV.*