

**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 \_\_\_Yes (*please describe below*)

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VI. Numbers of anticipated yearly teaching hours (check one):

50 hours or more per year       20-49 hours per year

VII: Would you be interested in serving on search committees to identify new volunteer professors in lieu of some of your teaching obligations?       No       Yes

VI. References (Please list 2 professional references and their contact information):

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*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:

\_\_\_\_\_  
Department Chair/Division Chief Signature      Date

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**Dean's Office Use Only**

Approve as proposed (background check:  pending     completed)

Approve with modifications

Not Approved

Comments:

\_\_\_\_\_  
Associate Dean's Signature      Date