Checklist for Faculty Appointment Proposal
Emory University School of Medicine

_____Chair's request for appointment (cover letter to Dean/TEC Director)
_____CV
_____Faculty Proposal Form (FPF), signed by Department Chair
_____Pro-forma (if TEC is providing salary)
_____Administrative Decision, if appropriate (with additional CV and job description)
_____Other authorizations for salary (VAMC, Grady, other)
_____Draft recruitment letter
_____Physician Candidate Liability Questionnaire

Candidate Name: _____
Last First Middle Degree(s)
Department:_____Division:_____

University title: _____Track: _____
Part-Time: _____
If temporary, start and end dates, up to 12 months: _____

Non-GME Trainee: _____Yes _____No
Hospitalist (w/special appointment): _____Yes _____No

Faculty-Equivalent Title (*not faculty*): _____
Research Associate, Sr. Research Associate

The Emory Clinic Title: _____Physician Member
_____Professional Member
_____Associate Status
_____Affiliate Status

Primary Worksite:
_____SOM Building _____TEC _____EUHM VAMC_____
_____Grady Other _____

Recruitment Process Considerations

Specialty Board Status _____Certified _____Eligible

Verification of Highest Degree _____(for all who will not be credentialed by EHC)

EOP Procedure: _____Open Search (SAR, route separately to EOP/to dept/to Dean's office w/final appointment packet)
_____Administrative Decision (route to Dean's office w/FPF)

Secondary/Joint Appointment(s) to be proposed: (requires written request from secondary Department chair(s) along with other required paperwork):

_____
Department(s)

Endowed Chair/Professorship to be proposed _____Yes _____No
(requires separate letter and CV for formal request to Dean's office)