

Proposed NS/VOL Clinical Faculty Form

| Date: | | | | | | |
|---|--|--|---|-------------|--|--|
| Name of Individual Proposing Ap | pointment: | | | | | |
| Name of Candidate: | Degree(s) (Pharm.D., Ph.D., etc.): | | | | | |
| E-mail Address: | Phone Number | er: Gender: | Male Fen | nale | | |
| Business Name: | | | | | | |
| Business Address: | | Job Title: | | | | |
| Proposed Activity Please Check | One or More Below: | | | | | |
| Proposed Preceptor | | Proposed Lecturer | | | | |
| Precepting APPE 4 th Year Pharmacy Students | | Precepting IPPE 1 st & 3 rd Year Pharmacy Students | | | | |
| Proposed Rank Please Check One: | | | | | | |
| Clinical Instructor | Assistant Clinical Professor | Associate Clinical Professor | Professor | | | |
| Proposed Work/Site Location: | | | | | | |
| Course Title(s): | | Course Number(s): | | | | |
| appointment requires that fifty (50 an appointment. Contributed services |) hours of service for SSPPS stude by active and direct participation | harmacy and Pharmaceutical Sciences ents/residents per academic year are on can be met in one or more of the fol ogram in the column labeled "Estimat | needed for initiating llowing area(s) as list | and keeping | | |
| Criteria Description | | | | Estimated | | |

| | Criteria Description | |
|---|---|--|
| | | |
| 1 | Teaching or supervision of pharmacy students, residents, postgraduate students in the health sciences and/or | |
| 2 | Patient care at the University hospitals or affiliated programs which involve the teaching of pharmacy students, residents, postgraduate students in the health sciences and/or | |
| 3 | Other creative and service activities, specify nature of the activities: | |
| 4 | Development and preparation of teaching programs for undergraduate pharmacy or medical students and/or postgraduate pharmacists or physicians. | |
| 5 | Participating in the Free Clinic | |
| 6 | Other (please indicate in space below): (Example: volunteering to interview prospective students) | |