

Department of Medicine  
Faculty Appointment Application

To be completed for faculty appointments: (check title applying for)

**Assistant Professor**

**Instructor**

**Teaching Fellow**

Faculty nominee please complete this form and submit it with your CV to the office of the Chair, Department of Medicine. Kindly complete every block as each item is required.

1. Name: Last, First, Middle: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3. Last Four SSN: \_\_\_\_\_

4. Rank, Corps, Service/Title \_\_\_\_\_

5. Education: (Type of Degree, Yr graduated, Name of University/College, and State Location)

**Examples:** BA, 1984, Colorado College, Colorado Springs, CO

MD, 1988, Uniformed Services University of the Health Sciences, Bethesda, MD

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

6. Special Training & Professional Experience: Use as many blocks as needed.

Examples: *Internship, Internal Medicine, NNMC, Bethesda, MD 1988-1989*

*Residency, Internal Medicine, Naval Medical Center, San Diego, CA, 1990-1993*

*Fellowship, Infectious Disease Program, Naval Medical Center, San Diego, Ca 1993 - Present*

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

7. **Current Work Address:** This will serve as the mailing address for USUHS business (your acceptance/reappointment letter). Please use home address only if work address is lacking or nonfunctional.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Work Phone: \_\_\_\_\_

9. Pager Number: \_\_\_\_\_

10. Work Fax: \_\_\_\_\_

11. E-mail address: \_\_\_\_\_

12. AOA? Yes: \_\_\_\_\_ No: \_\_\_\_\_

13. ACP? Yes: \_\_\_\_\_ No: \_\_\_\_\_

14. State Licensure: \_\_\_\_\_ Exp. Date: \_\_\_\_\_