APPOINTMENT - Volunteer

___ A completed review sheet with signature of Chair

___ Chair’s letter to the Dean proposing the candidate for appointment

___ precise academic title and track

___ individual’s teaching, research, and/or clinical responsibilities

___ vote of the department’s standing advisory committee (Except Rank of Instructor)

___ Separate memo (from Chair) indicating results of the vote of the Profs and Assoc Profs (When applicable)

___ A current curriculum vitae in regulation format

___ A MINIMUM of three (3) letters of recommendation (original copies), solicited by the department chair, are required for all appointments to all **PROFESSORIAL** ranks; must be written within the ten (10) months preceding submission to the Office of Faculty Affairs; must be from individuals of **rank equal to or higher** than the rank proposed; must refer to the title under consideration.

___ For the title of **Adjunct Professor** three (3) of the letters must be from individuals not associated with the University

___ For the title of **Adjunct Associate Professor** three (3) of the letters must be from individuals not associated with RWJ Medical School

___ For the title of **Adjunct Assistant Professor** at least one (1) letter must be from an individual not associated with RWJ Medical School

___ For the titles of **Clinical Professor**, **Clinical Associate Professor** and **Clinical Assistant Professor** letters from individuals not associated with RWJ Medical School are not required

___ A MINIMUM of two (2) letters of recommendation (original copies) are required for all appointments to the rank of **INSTRUCTOR**; must be written within the ten (10) months preceding submission to the Office of Faculty Affairs; must be from individuals of a rank equal to or higher than the rank proposed; must refer to the title under consideration.

___ A Personal Data Sheet

___ A copy of a current N.J. medical license, DEA and CDS certificates (Clinical Faculty Only)

___ Background check forms

___ Authorization to Obtain a Consumer Report

___ Disclosure Statement

___ Faculty Candidate Information Form

___ If proposed faculty member has been teaching RWJMS medical students/residents/fellows for one year or longer, a Teaching Dossier is required (see Teaching Dossier Template)

Revised 07/31/13