



APPLICATION FOR VOLUNTEER FACULTY APPOINTMENT

Name: _____ Degree: _____ SS#: _____ DOB: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Board Certified: Yes No Specialty Board: _____

Ethnicity: Hispanic Non-Hispanic Gender: Male Female

Race: American Indian/AK Asian Black/African American
(Check all that apply) Hawaiian/Pacific Islander White

Are you a UNM School of Medicine Alumnus or former House Staff? Yes No

I hereby certify that I have received the federally required annual HIPAA training related to patient _____ (Please Initial) privacy at UNM or my current place of employment.

If you have not received the required HIPAA training in the last year, please go to <https://learningcentral.health.unm.edu/learning/user/login.do> and log-on using your HSC credentials. This will take you to the UNM Health Sciences Center HIPAA training module which must be completed by anyone who volunteers in our facilities. If you have any questions or need assistance regarding this requirement please contact **SOM Office for Community Faculty at 505-272-4129 or e-mail at OCF@salud.unm.edu** Thank you.

Applicant Signature: _____ Date: _____
Please attach your CV.

APPOINTMENT INFORMATION: (For Administration Use Only)

To be signed by SOM Department Chair prior to submission to the SOM Office of Faculty Affairs and Career Development

Banner ID: _____ Department: _____

Effective Date: _____ Rank: _____ Secondary Appointment Request: Yes No

Clinical titles are used for volunteers in the Clinical Departments and Adjunct titles are used for volunteers in the Basic Science Departments and Research/PhDs in Clinical Departments. Volunteer faculty appointments are renewed and effective for two year terms.

Check all that apply: Department Preceptor Preceptor Volunteer Faculty

Please note faculty who have received a non-renewal contract from the UNM, School of Medicine are ineligible for a Volunteer Faculty Appointment.

Please attach a CV and memo describing the activities this clinical/adjunct faculty member was involved in during the **past two years**. For example: education and/or teaching; patient care; research, scholarship, creative activities; administration; other: **AND** your plan for this clinical/adjunct faculty member during the **next two years**.

APPROVAL

Department Chair: _____ Date: _____

Senior Associate _____ Date: _____

Dean of OFACD: _____ Date: _____