University of Louisville College of Medicine Gratis Faculty Application

- The attached Gratis Faculty Application
- An updated copy of your curriculum vitae
- Two letters of recommendation from a physician colleague

Please email the completed packet to allie.pardue@wku.edu with your CV & letters of recommendation





Gratis Faculty Application

Name	Department _. Rank			
		AH	IEC Region	
(Clinical or	•	11 A.I.I		
Clinical Add	dress	Home Addre	SS	
	Phone No.		Phone No.	
Birth Date				
E-mail Add	ress			
Race/Ethni	cityGender	<u> </u>		
This is an ap	plication for:			
	ial appointment	Appointment Dates	Start	
	appointment	• •	End	
Pro	omotion			
License (Typ	e and ID Number)			
Board Certif	ication (Type and ID Number)			
(Clinical Dep	partments			
Identify the	employer you will be working for:			
	n Children's Medical Group, LLC			
	rsity of Louisville Physicians, Inc.			
	: Please identify		_	
* Gra	search* tis faculty members may conduct research but t the research will be performed in a manner			
_	y appropriate University of Louisville Committe			
	gratis faculty is involved in teaching during clin clinical service or call coverage by the trainees.	ical service they are under the p	rview of the Program Director and ACGN	ΛΕ regulations. There is no
This appoint	tment is without tenure. University po	olicy provides that gratis as	ppointments to faculty positions a	are ineligible for tenure
	receive fringe benefits reserved for fu		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.
	r new appointments/reappointment	-71	12 (11 119)	. 1
Wr	nat specific activities will you be partic	cipating in to assist the Sch	ool? (add additional sheets if des	ired)
Degree	Institution	Date Awar	ded Area of S	Study
- 0			34	
	1	l	1	
Applicant Signature	gnature	Date		June 2020
				Julie 2020