University of Louisville College of Medicine Gratis Faculty Application

- The attached Gratis Faculty Application
- An updated copy of your curriculum vitae
- One letters of recommendation from a physician colleague, can be sent via body of an email

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

UNIVERSITY OF LOUISVILLE®

UNIVERSITY OF LOUISVILLE
SCHOOL OF MEDICINE

Gratis Faculty Application

Name_____Department_____
Rank _____AHEC Region_____
(Clinical or Adjunct)
Clinical Address_____Home Address_____
_____ _____

Phone No._____ Phone No._____
Birth Date_____
E-mail Address_____
Race/Ethnicity_____Gender_____ Citizenship_____

Have you had a previous working relationship with the university? ☐Yes ☐No
If yes, please provide the following:

1. Employee ID (7 digit number associated with employment): _____
2. Louisville.edu email: _____

This is an application for:

☐ Initial appointment Appointment Dates: Start_____
☐ Reappointment End_____
☐ Promotion

Clinical Departments
License (Type and ID Number) _____
Board Certification (Type and ID Number) _____
Is Certification current? Yes ☐ No ☐ Last Year Certified:

Identify the employer you will be working for:

☐ Norton Children's Medical Group, LLC
☐ University of Louisville Physicians, Inc.
☐ Other: Please identify _____

Activities with the University of Louisville School of Medicine will be in the area(s) of:

☐ Teaching/Clinical *
☐ Research

* **If a gratis faculty is involved in teaching during clinical service they are under the purview of the Program Director and ACGME regulations. There is no obligation for clinical service or call coverage by the trainees.**

This appointment is without tenure. University policy provides that gratis appointments to faculty positions are ineligible for tenure and do not receive fringe benefits reserved for full-time faculty.

Required for new appointments/reappointments/promotions:

What specific activities will you be participating in to assist the School? (add additional sheets if desired)

_____

Degree	Institution	Date Awarded	Area of Study

_____
Applicant Signature Date