

Initial Associated Faculty Appointment (Affiliate/Non Paid Voluntary) Checklist

Revised 10/16

Antic. Effective Date:	
Employee Name:	
Proposed Rank:	
SSN# :	
Academic Department:	
Dept. Contact:	
Emp. Personal Email:	

* These appointments are renewed every 3 years, and must go through a reappointment process. Please see the link below

http://facultyaffairs.med.miami.edu/documents/faculty_associated_reappointment_checklist_REV_10.16.pdf

Required for ALL Associated Faculty:

The first 2 items are provided by the home department.

- Appointment, Reappoint, and Promotion Form or DF 15 -**
http://facultyaffairs.med.miami.edu/documents/Voluntary_Faculty_Manual_rev11.pdf *If the candidate is being considered for appointment at the rank of Voluntary Professor, then (2) outside recommendation letters are needed. Candidate will be scheduled for the next Initial APT Meeting as outlined in the Voluntary Faculty Manual.*
- Recommendation Letter from Chair** – Please include in the letter if the individual **will** have access to patients and/or patient information (charts or systems). The Letter must state if the individual will be nonpaid.
- Recommendation Letter from Regional Medical Campus Department Chair** – *Applicable for Regional Campus requests only (Affiliate Appointments)*
- Curriculum Vitae** (*must be current*)
- Personnel Data Form (PDF)** http://facultyaffairs.med.miami.edu/documents/Personal_Data_Form.pdf
- Copy of Florida Medical License** <http://ww2.doh.state.fl.us/irm00praes/praslist.asp> (if applicable i.e. will have clinical duties and/or seeing patients)
- UM Patent & Copyright Agreement**
http://facultyaffairs.med.miami.edu/documents/UM_PatentCopyright_Agreement.pdf
- Sexual Harassment & Consensual Relationship Policy**
http://facultyaffairs.med.miami.edu/documents/Sexual_Harassment_and_ConsensualRelationshipPolicy.pdf
- Consumer Report** <http://facultyaffairs.med.miami.edu/documents/ConsumerReport.pdf>
- Drug-Free Workplace Policy & Acknowledgement**
<http://facultyaffairs.med.miami.edu/documents/AcknowledgementofDrugFree-withDrugFreePolicy.pdf>
- Confidentiality and Acceptable Computer Use Agreement Form**
<http://facultyaffairs.med.miami.edu/documents/ConfidentialityandAcceptableCompUse.pdf>
- HIPAA Acknowledgement Form** http://facultyaffairs.med.miami.edu/documents/HIPPA_Form.pdf
- Copy of Social Security Card** (*or another government issued document showing Social Security number; Appointment will not be processed until this document is obtained.*)