

**COLLEGE OF PHARMACY
NON-TENURE TRACK FACULTY APPOINTMENT
SHORT APPLICATION FORM**

Instructions for Application Packet Submission

- ✓ Print and submit all materials as single-sided documents.
- ✓ **Type** and submit all materials as single-sided documents.
- ✓ Sign the application. Unsigned applications will be returned.
- ✓ Submit to Dr. Everly at the following address.

Lukas Everly, Pharm.D., BCPS
Director of Experiential Education
Associate Professor of Pharmacy Practice
Northeast Ohio Medical University
4209 St. Rt. 44, P.O. Box 95
Rootstown, Ohio 44272-0095
Email: leverly@neomed.edu
Fax: 330-325-5951

Review and Approval Timelines for Appointments

The effective date of approved appointments coincides with the quarterly meetings of the NEOMED Board of Trustees. The candidates for appointment will receive formal notification after the next Board of Trustee meeting.

Appointments	
Board of Trustees Action	Effective Date
September	September 15
December	December 15
March	March 15
June	June 15

You May Contact the Following NEOMED Staff Members with Questions

College of Pharmacy

- William Pierce at (330) 325-6575 or wpierce1@neomed.edu

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Name		SSN (last 4)	
Hospital/Business Name		Phone	
Business Address			
City, State, Zip		Email	

I. EDUCATION AND TRAINING (Provide answers within the spaces provided. Attach and refer to additional pages if necessary)

A. UNDERGRADUATE EDUCATION

School _____ Grad Date _____ Degree _____

School _____ Grad Date _____ Degree _____

B. PHARMACY EDUCATION

School _____ Grad Date _____ Degree _____

School _____ Grad Date _____ Degree _____

C. POST-GRADUATE TRAINING

Residency

Institution _____ City _____ State _____

Dates _____ Speciality _____

Institution _____ City _____ State _____

Dates _____ Speciality _____

Fellowship or Other Clinical Training

Institution _____ City _____ State _____

Dates _____ Speciality _____

D. Other Post-Baccalaureate Education (Master, Doctoral, etc.)

School _____ Grad Date _____ Degree _____ Major _____

School _____ Grad Date _____ Degree _____ Major _____

E. CERTIFICATION

Speciality _____ Year _____

Speciality _____ Year _____

II. PROFESSIONAL EXPERIENCE (Provide answers within the spaces provided. Attach and refer to additional pages if necessary)

A. Current Positions/Appointments

Dates

Pharmacy Practice _____

Academic _____

B. Previous Academic/Appointments

Dates

Institution _____

Institution _____

III. TEACHING EXPERIENCE (Briefly describe any previous experience teaching or precepting pharmacy students)

Institution _____	Dates _____
Courses/Rotation Taught _____	
Institution _____	Dates _____
Courses/Rotation Taught _____	
Institution _____	Dates _____
Courses/Rotation Taught _____	
Institution _____	Dates _____
Courses/Rotation Taught _____	

IV. PROFESSIONAL STANDING (Provide answers within the spaces provided. Attach and refer to additional pages if necessary)

A. Academic or Clinical Awards/Honors	<u>Date of Award</u>	
_____	_____	
_____	_____	
_____	_____	
B. Memberships in Professional Organizations	<u>Dates</u>	<u>Office Held</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TERMS OF FACUTLY APPOINTMENT:

If approved, this Appointment is conferred in recognition and appreciation of your commitment to devote professional time and effort to the official programs and activities of the University. Faculty members may make significant contributions through teaching and mentoring students, conducting collaborative research with University investigators, and providing clinical training experiences. During your appointment you shall participate and contribute to the education, research and service missions of the academic department in which you receive your appointment. Your specific contributions to the missions of the Department and College will be mutually determined by you and either your department chair or a University official designated by your Department Chair.

As a condition of your appointment, you will be subject to the Faculty Bylaws, and the policies and procedures of the University, including those governing research. The Faculty Bylaws may be found at: <https://www.neomed.edu/3349-03-25-app-a-cop-procedure-for-appointment-promotion-reappointment-and-evaluation-non-tenure-track-faculty/>. Upon approval of a faculty appointment by the Board of Trustees, your receipt of the Certificate of Faculty Rank constitutes the "Notification of Appointment", as referenced in the faculty bylaws.

Any research projects for which you receive funding from or through the University must be approved by the proper compliance committee(s), including the NEOMED Institutional Review Board (IRB), if appropriate. If your funding is not from or through NEOMED or if the project is non-funded, you will need to have proper compliance approval through your institution of primary employment.

Faculty members are not considered to be officers or employees of the University with respect to claims of professional negligence arising from their clinical practices. They are not entitled to civil immunity from such suits even when acting in their teaching capacity. Through the acceptance of this appointment, you expressly waive the right to claim immunity under Ohio law and acknowledge that neither the University nor the College is responsible for providing a defense or for paying a judgment with respect to a claim of professional negligence filed against you. The University does not carry any insurance to cover professional negligence claims that may arise as a result of your clinical practice. Therefore, when you engage in a clinical practice, you must maintain professional liability coverage for your activities.

V. I certify to the best of my knowledge that all information on this application and attached and/or referenced pages is complete and correct. I understand the terms and conditions set forth herein and I accept this appointment to the Faculty if my application is approved.

Signature of Applicant (Required) _____ **Date** _____

VI. DEMOGRAPHIC INFORMATION (Optional)

The collection of demographic information enables the Northeast Ohio Medical University and its College of Medicine to report aggregate faculty characteristics to accrediting bodies, design appropriate faculty development opportunities and plan continuous quality improvement efforts for faculty life. Please take a moment to provide this information.

Gender

- Male
- Female

Date of Birth _____

Ethnicity (please check one)

- Hispanic or Latino
- Not Hispanic or Latinos

Citizenship

- United States
- Permanent Resident
- Other (Country) _____

- Veteran

Race (please check one)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

Practice in a medically underserved neighborhood/area (please check only one if applies)

- Rural
- Urban