

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

Instructions for Application Packet Submission

- ✓ Use this application only for appointment as: instructor or clinical assistant professor rank
- ✓ **Type** and submit all materials as **single-sided** documents (handwritten applications will be returned).
- ✓ Be sure to sign the application. Unsigned applications will be returned.
- ✓ Enclose current curriculum vitae (CV) with complete application (use of the phrase “see CV” as an entry on application will be disregarded).
- ✓ Application packet must include a letter of recommendation from the hospital department chair or other appropriate supervising physician.
- ✓ Application packet must be submitted to the NEOMED clinical department chair who will forward completed applications with his/her recommendation to the NEOMED Office of Clinical Affairs.

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

***Please submit your completed application/promotion packet to the email below.
If you have any questions, you may also send them to the email below.***

- COMclinicalfaculty@neomed.edu

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Name		SSN (last 4)	
Hospital/Business Name		Phone	
Business Address		Fax	
City, State, Zip		Email	
Home Address		Phone	
City, State, Zip		<input type="checkbox"/>	Check if unlisted

I. EDUCATION AND TRAINING

A. BACCALAUREATE EDUCATION

School _____ Grad Date _____ Degree _____

B. MEDICAL EDUCATION

School _____ Grad Date _____ Degree _____

C. POST-GRADUATE TRAINING

PGY-1 (If different than residency below)

Institution _____ City _____ State _____

Dates _____ Speciality _____

Residency

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. ABMS or AOA CERTIFICATION

Speciality _____ Year _____

SubSpeciality _____ Year _____

II. PROFESSIONAL EXPERIENCE

A. CURRENT APPOINTMENTS

Medical Staff (list primary affiliation first)

Dates

Faculty of Medical School Appointment

Dates

B. Previous Medical School Appointments

Title and Institution

Dates

GENERAL INFORMATION – Please review before proceeding

- Only include the three (3) most recent calendar years on application and documentation. Make sure to include the units you are claiming in the space provided and to calculate the total for each section on the total line.
- Space is limited - so abbreviate if applicable and if necessary, attached a separate sheet with detailed information. Do not put "see CV" on application.
- Session = A period during which the faculty member is engaged in teaching activities, usually an hour in length unless otherwise specified by department policy. Multiple units are not awarded when more than one learner is present.

III. EDUCATIONAL ACTIVITIES TOTAL EDUCATIONAL UNITS CLAIMED

A. Unstructured medical student and resident teaching (e.g., office, ward, operations, tutorial)

1 unit per session - max 150

Describe Activities

Dates

B. Structured teaching on clinical campus (e.g., lecture, grand rounds, CME presentation)

5 unit per session - max 150

Title of Course/Lecture

Dates

C. Structured teaching at Rootstown

10 units per session - max 150

Title of Course/Lecture

Dates

D. Other teaching activities

max 30

Title of Award

Dates

IV. PROFESSIONAL STANDING

A. Academic or Clinical Awards/Honors

Date of Award

B. Memberships in Professional Organizations

Dates

Office Held

_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Memberships in Honorary Societies

Dates

_____	_____
_____	_____

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/3349-03-22-app-a-com-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 Latins

Citizenship

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

Race (please check one)

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

Veteran

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

- Rural
- Urban