

**CLINICAL NON-COMPENSATED
FACULTY APPOINTMENT FORM**

First Name	Middle Initial	Last Name	Degree(s)
Country of Citizenship: _____ Gender: <input type="checkbox"/> Male or <input type="checkbox"/> Female Date of Birth: _____			
TUSM Primary Department: _____ Division/Institute: _____			
Affiliated Hospital/Institution/Practice: _____			
Business Address: _____			
Street			Box Number
City		State	Zip Code
Business Phone: _____		Fax: _____	E-mail: _____

New Appointment or Promotion - Please provide the EFFECTIVE DATE and check the appropriate action(s):

Proposed Rank/Track: _____	New Appointment Effective Date: _____
If unmodified Assoc. Professor or Professor, select Prototype: <input type="checkbox"/> Clinician/Educator <input type="checkbox"/> Clin./Investigator <input type="checkbox"/> Clin./Scholar <input type="checkbox"/> Investigator/Educator	
Does this individual have a current academic appointment at another institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you selected 'yes', then please specify the rank title AND institution: _____	
<input type="checkbox"/> New Primary Appointment*	
<input type="checkbox"/> Promotion* (Effective date based on required TUSM/University approvals)	
<input type="checkbox"/> New Secondary Appointment (Signed concurrence from primary dept. Chair or Dean of Tufts school is required)*:	
Secondary Dept: _____	Primary Dept. or Tufts School: _____
Check the appropriate Time Status:	<input type="checkbox"/> Geographic Full-time <input type="checkbox"/> Geographic Part-time

Modify Current Appointment - Please provide the EFFECTIVE DATE and check the appropriate action(s):

Effective Date: _____
<input type="checkbox"/> Change in Department* Primary Dept.: _____ Secondary Dept.: _____
<input type="checkbox"/> Change in Time Status – check new status: <input type="checkbox"/> Geographic Full-time <input type="checkbox"/> Geographic Part-time
<input type="checkbox"/> Change in Track (modified or unmodified) or Prototype*
<input type="checkbox"/> Reactivate Prior Appointment*
<input type="checkbox"/> Change to Adjunct Faculty*
<input type="checkbox"/> Transferred to another Tufts-affiliated hospital – provide new hospital name, address and contact information: _____

***Please provide the appropriate required documentation from the Required Documents for Clinical Department Appointments and Promotions checklist at <http://medicine.tufts.edu/Faculty-and-Research/Office-of-Faculty-Affairs/Forms-Templates>**

Approvals:

_____ Affiliate Chair or Chief of Service	Date	_____ Dean	Date
_____ TUSM Department Chair	Date	_____ Provost	Date