



First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Gen \_\_\_\_\_

**Previous Faculty Appointment**  Yes  No

If yes, date from \_\_\_\_\_ to \_\_\_\_\_

Appointment Date \_\_\_\_\_

Applicant Clearinghouse Number (ACH#) \_\_\_\_\_

[Appointment Type](#) \_\_\_\_\_

Effective Date \_\_\_\_\_

[Contract Type](#) \_\_\_\_\_ [Contract Year](#) \_\_\_\_\_

Years verified (Curriculum Vitae)  Yes  No

**Drug Screening**

Required if percent effort includes patient care (paid faculty only)

Required  Yes  No

Report  Pending  Completed/Date \_\_\_\_\_

Agency \_\_\_\_\_

**Tenure Data**

N1-on track PCT

N2-non-tenure track

N3-not eligible

TO-tenure upon appt

Tenure Status Date \_\_\_\_\_

**Time Commitment**

Current \_\_\_\_\_ Change \_\_\_\_\_

MCG

VAMC

Aff Site

Total

Classified

**Affiliated Data**

Yes  No If yes, [site](#) \_\_\_\_\_

VAMC Appt Date \_\_\_\_\_

[Location \(clin/adj\)](#) \_\_\_\_\_

Primary Dept Type  C  B

**Breakdown of Effort**

Academic \_\_\_\_\_

Admin \_\_\_\_\_

Research \_\_\_\_\_

Pat Care/Srv \_\_\_\_\_

Total \_\_\_\_\_

(must=1.00)

If academic %>"0" include teaching expertise: \_\_\_\_\_

**Ranks/Titles** BCAT Associated with Primary Rank/Title in Job Data (1st page of PAR)

Approved Faculty Ranks/Title	Approved Administrative/Academic Unit	Approved Section

**Center/Institutes**

Approved Title Center/Institute	Approved Center/Institute	Center/Institute Assignment Date

**Degrees** Highest Degree Verified  Yes  No (Note: Line 1 reserved for Highest Degree)

Degree	*	CAT	Year	CIP Code	Major	FICE Code	Institution/Branch

Submitted to the Board of Regents. Board Date: \_\_\_\_\_

Administrative Approval Recommended.

