

ADJUNCT FACULTY CANDIDATE SUMMARY

All completed forms and supporting documents should be emailed to your department's point of contact in Human Resources-Talent Acquisition.

ALL FIELDS REQUIRED UNLESS NOTED OTHERWISE

Submitter Name Enter Text Here
Email Address Enter Text Here

GENERAL INFORMATION

Date of Submission: Enter Text Here Person number (if applicable): Enter Text Here
Candidate Name (Legal): Enter Text Here Degree(s): Enter Text Here
Mailing Address: Enter Text Here Email Address: Enter Text Here

Current Faculty Appointment

Current Appointment (rank/title) Enter Text Here Global Transfer Request: ☐ Yes ☐ No
(Requires termination of WFUHS employment & benefits)
Current Department: Enter Text Here
Current Institution: Enter Text Here Employer at Time of Appointment: Enter Text Here

Requested Faculty Appointment

Requested Primary Academic Department and Section: Enter Text Here

Requested Primary Location:

☐ AHWFB-WS ☐ Lexington MC ☐ Davie MC ☐ Wilkes MC ☐ High Point MC
☐ VA Salisbury ☐ Carolinas MC ☐ IQ/Clarkson ☐ Private Practice ☐ Other: Enter Text Here

Requested Effective Date: Enter Text Here

Accesses and Privileges (If any of the following are requested, additional documentation is required)

Refer to [AHWFB Non-Employee Access Policy](#)

Medical Center ID Badge:	<input type="checkbox"/> Yes <input type="checkbox"/> No	WFBMC access is subject to required background screening and drug testing.
Email:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Library Access:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Regulatory and institutional annual training is also required to retain access.
Parking:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parking is subject to monthly fee.
Admitting Privileges:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Clinical Privileges:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Supporting Documents (required for appointment review and approval)

- ☐ Curriculum Vitae
- ☐ Letters of Recommendation or Statement of Support
 - ☐ 1 Winston-Salem Chair
 - ☐ 1 Charlotte Chair if applicable

Faculty Activities

Primary Education Program: ☐ MD ☐ CRNA/DNP ☐ PA ☐ Graduate ☐ Other: Enter Text Here

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Primary Role: (Describe responsibilities associated with adjunct faculty appointment)

Greater Charlotte Region Only

Current Employer(s):	<input type="checkbox"/> Atrium Health	FTE %:	Date of Hire:
	<input type="checkbox"/> Ortho Carolina	FTE %:	Date of Hire:
	<input type="checkbox"/> Charlotte Radiology	FTE %:	Date of Hire:
	<input type="checkbox"/> Metrolina Nephrology	FTE %:	Date of Hire:
	<input type="checkbox"/> Carolinas Neurosurgery & Spine	FTE %:	Date of Hire:
	<input type="checkbox"/> Other Enter Date Here	FTE %:	Date of Hire:

Department at Atrium Health: [Click or tap here to enter text.](#)

List clinical specialty, if applicable: [Click here to enter text.](#)

Approvals

Faculty appointments are subject to the approval of the Promotions and Tenure Committee, Faculty Executive Council, WFUSM Dean, WFU President and the WFU Board of Trustees.

<hr/>	Enter Date Here
Department Chair	Date
<hr/>	Enter Date Here
Educational Program Leader	Date
<hr/>	Enter Date Here
Vice Dean/Associate Dean, Faculty Affairs	Date

Approved Adjunct Faculty Rank:

- ☐ Lecturer
- ☐ Preceptor
- ☐ Adjunct Assistant Professor
- ☐ Adjunct Associate Professor
- ☐ Adjunct Professor
- ☐ Adjunct Clinical Faculty (unpaid)

Approved Job Code:

- ☐ Adjunct Faculty
- ☐ Atrium Adjunct Faculty