

VA ADJUNCT FACULTY FACULTY CANDIDATE SUMMARY (For Veteran's Affairs Professionals)

ALL FIELDS REQUIRED UNLESS NOTED OTHERWISE

Submitter Name Robin Hurley, MD
Email Address Click here to enter text.
Phone: Click here to enter text.

GENERAL INFORMATION								
Candidate Legal Name (Please In	clude Middle Name o	or Initial): Click here to	enter text.					
Degree(s): Click here to enter text.		Cell Phone Nu	Cell Phone Number: Click here to enter text.					
Birth Date: Click here to enter text. VA Email Address: Click here to								
Preferred/Practice Mailing Address: Click here to enter text. Specialty: Click here to enter text.								
Person number (if applicable): Click here to enter text. (CORE Connect number for current or former WFBMC employee)								
FACULTY DEPARTMENT								
Requested Primary (Home) Depa	rtment: Click here to	enter text.						
Section, if applicable: Click here t	o enter text.							
SUPPORTING DOCUMENTS (required for appointment review and approval)								
☐ Curriculum Vitae (in any fo	rm)							
FACULTY ACTIVITIES								
Primary Education Program: □	MD □CRNA/DNP	□PA □Graduate	☐ Residents/Fellows					
□N/A/Other: Click here to enter text.								
<u>Primary Role:</u> (describe responsibilities associated with becoming adjunct faculty)								
ADMII	NISTRATION TO COM	MPLETE THE FOLLOW	VING					
STATEMENT OF SUPPORT (in lieu of a letter of recommendation)								
FACULTY APPOINTMENT								
Requested Rank: (Please choose	one of the following)							
Clinical Adjunct Facult	y 🗆	Adjunct Profess Adjunct Associa Adjunct Assista	ate Professor 🗆					
fective Date: Click here to enter text. End Date: Click here to enter text.								



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ACCESS AND	PRIVILEGES	(Administration to	Complete)		
Access:					
Medical Center ID Badge: Email: Library Access:		☐ Yes☐ No☐ Yes☐ No	screening a Regulatory	WFBMC access is subject to required background screening and drug testing. Regulatory and institutional annual training is also req to retain access.	
Parking: ☐ Yes ☐ N		\square Yes \square No	Parking sub	Parking subject to monthly fee.	
		loyee Access Policy a <u>n-and-Development/N</u> Yes No		wakehealth.edu/Department n) □ Yes □ No	's/Human-
APPROVALS	i				
		bject to the approva d the Board of Trus		I will be announced and a	pproved by the
Robin Hurley ACOS, Resea	, MD arch and Acade	emic Affairs	Ass	sociate Dean, Faculty Affa	irs