

## Academic Activities Document for Adjunct and Part-time Clinical Faculty Appointments

**Date:**

**Name of Faculty Member:**

**Hospital/Practice Site:**

**Division:**

**Appointment Type Requested:** **Adjunct** (<20% professional time engaged in academic activities) **or Part time** (20-79% professional time engaged in academic activities)

**Proposed Rank:**

**Proposed Academic Position Description:**

**Please briefly describe why you are requesting a University appointment:**

**Please Complete All that Apply:**

	Description	Specify Activities
<b>Teaching in the context of Clinical Care</b>	Since academic contribution is often in the context of clinical care, the site and nature of the activities will vary according to specialty and location of practice.	
<b>Formal Teaching Activity</b>	Pre-MD, MD pre clerkship, MD-clerkship, Residency, Fellowship, Graduate, Continuing Education	

<b>Scholarship</b>	Creative Professional Activity, Research (all types) and Education scholarship	
<b>Other Activities</b> - Specify		

**Health Profession Education Requirement:** All clinical **part-time** faculty members recruited to the Department of Medicine with the academic position description of **Clinician Teacher** are expected to complete training in health professional education within three years of initial appointment. Please see CFD website for options.

**Annual Academic Review:** Adjunct and part time clinical faculty members are required to submit an annual activity report for review to renew their academic appointment with the Department of Medicine.

**Date and Signatures:**

**I have reviewed, approved, and am committed to the success of these academic activities.**

**Faculty Member:**

**Hospital Chief of Medicine (if based at a hospital):**

**University Department Division Director:**