

Gratis Faculty Application

	Department		
Rank	AHEC Region		
(Clinical or Adjunct)			
Clinical Address Home Address			
	Phone No		Phone No
Birth Date			
E-mail Address			
E-mail Address			
Have you had a previous working relationship with the university? ☐ Yes ☐ No If yes, please provide the following: 1. Employee ID (7 digit number associated with employment):			
	2. Louisville.edu email:		
This is an application for:			
☐ Initial appointment Appointment Dates:		ointment Dates:	Start
☐ Reappoint	ment		End
□ Promotion			
Clinical Departments			
License (Type and ID Number)			
Board Certific	cation (Type and ID Number)		
Identify the employer you will be working for:			
□ Norton Children's Medical Group, LLC			
☐ University of Louisville Physicians, Inc.			
☐ Other: Please identify			
Activities wit	h the University of Louisville School of Medic	ine will be in the area	a(s) of:
☐ Teaching/Clinical * ☐ Research			
* If a gratis faculty is involved in teaching during clinical service they are under the purview of the Program Director and ACGME regulations. There is no			
obligation for clinical service or call coverage by the trainees.			
This appointment is without tenure. University policy provides that gratis appointments to faculty positions are ineligible for tenure			
and do not receive fringe benefits reserved for full-time faculty.			
Required for new appointments/reappointments/promotions:			
What specific activities will you be participating in to assist the School? (add additional sheets if desired)			
Degree	Institution	Date Awarded	Area of Study