

Gratis Faculty Application

Name			
	AHEC	Region	
(Clinical or Adjunct)			
Clinical Address	Home Address		
Phone No		Phone No	
Birth Date			
E-mail Address			
Race/EthnicityGender	_		
This is an application for:			
Initial appointment	Appointment Dates	Start	
Re-appointment		End	
Promotion			
License (Type and ID Number)		_	
Board Certification (Type and ID Number) (Clinical Departments			
(Clinical Departments			
Identify the employer you will be working for:			
Norton Children's Medical Group, LLC			
University of Louisville Physicians, Inc.			
Other: Please identify			
Activities with the University of Louisville School of Teaching/Clinical ** Research*	Medicine will be in the area	a(s) of	
	nsistent with all University policie	boration with a full-time faculty member and constitutes an es and procedures related to research including but not limited to arch.	
** If a gratis faculty is involved in teaching during clinical obligation for clinical service or call coverage by the trainees.	I service they are under the purvio	ew of the Program Director and ACGME regulations. There is no	

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	

Applicant Signature