UNIVERSITY OF LOUISVILLE
SCHOOL OF MEDICINE

Gratis Faculty Application

Name_____Department_____
Rank_____AHEC Region_____
(Clinical or Adjunct)
Clinical Address_____ Home Address_____
_____ _____
Phone No._____ Phone No._____
Birth Date_____ _____
E-mail Address_____ Social Security Number
Race/Ethnicity_____ Gender_____ (Required for research conducted through UofL, also required to receive Gratis Faculty Benefits such as e-mail and library access)

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 Only)

Activities with the University of Louisville School of Medicine will be in the area(s) of

- ☐ Teaching
- ☐ Research*
- ☐ Clinical

*** Gratis faculty members may conduct research but it must be performed in formal collaboration with a full-time faculty member and constitutes an agreement that the research will be performed in a manner consistent with all University policies and procedures related to research including but not limited to the approval by appropriate University of Louisville Committees evaluating human or animal research.**

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
Residency			

_____ _____
Applicant Signature Date Chair Signature Date

_____
Dean Signature Date

June 2018