

Gratis Faculty Application

			rtment	
			C Region	
(Clinical or A				
Clinical Address Home Address				
	Phone No		Phone No	
Birth Date				
E-mail Addre	SS			
Race/Ethnicit	ssGender	Citizenship		
	d a previous working relationship wi blease provide the following: 1. Employee ID (7 digit num	·	□ No nent):	
	2. Louisville.edu email:		<u>.</u>	
This is an application for:				
		Appointment Dates:	Start	
☐ Reappointment			End	
□ Promotion				
Clinical Departments				
License (Type	License (Type and ID Number)			
Board Certific	cation (Type and ID Number)		<u> </u>	
Identify the employer you will be working for:				
□ Norton Children's Medical Group, LLC				
☐ University of Louisville Physicians, Inc.				
☐ Other: Please identify				
☐ Teaching,	h the University of Louisville School /Clinical *	l of Medicine will be in the are	ea(s) of:	
☐ Research				
	culty is involved in teaching during clinical se nical service or call coverage by the trainee		he Program Director and ACGME regulations. There is no	
	nent is without tenure. University po eceive fringe benefits reserved for fu		intments to faculty positions are ineligible for tenure	
Required for	new appointments/reappointment	s/promotions:		
What specific activities will you be participating in to assist the School? (add additional sheets if desired)				
			,	
Degree	Institution	Date Awarde	ed Area of Study	