

## **Gratis Faculty Application**

Name	Department			
	AHEC Region			
(Clinical or		_		
Clinical AddressHome Address			ss	
	Phone No		Phone No	
Birth Date_	*****			
Paco/Ethni	ress cityGender	<u> </u>		
Nace/ Luiiii	dender	_		
This is an an	nlication for			
	plication for: ial appointment	Appointment Dates	Start	
_	appointment	Appointment bates	End	
	motion			
License (Typ	e and ID Number)			
	Board Certification (Type and ID Number)			
(Clinical Departments				
Idontify the	employer you will be working for:			
Norton Children's Medical Group, LLC				
	rsity of Louisville Physicians, Inc.			
	Please identify		_	
* If a gratis f	eaching/Clinical * esearch faculty is involved in teaching during clinical servical service or call coverage by the trainees.	vice they are under the purview o	of the Program Director and ACGME regulations. There is no	
	ment is without tenure. University poli eceive fringe benefits reserved for full-		pointments to faculty positions are ineligible for tenure	
Required fo	r new appointments/reappointments	s/promotions:		
Wh 	nat specific activities will you be partic	ipating in to assist the Scho	ool? (add additional sheets if desired)	
Degree	Institution	Date Award	ded Area of Study	
<u>-</u>			•	
	<u> </u>		I	
Applicant Signature Date				