UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

DEMOGRAPHIC & CONTACT INFORMATION

***This form is to be completed by FACULTY members.*
Demographic information is collected and used solely by the Dean's Office for required reporting only"

Legal Name (as it appears on your government-issued ID or security card)

Given/First Name _____ **Middle Name or Initial** _____

Last/ Family Name _____

Professional Name, *if different from above* *(will appear only in faculty profile)*

Given/First Name _____ Middle Name or Initial _____

Professional Last/ Family Name _____

Date of Birth _____

*(Date of birth **required**, used strictly for purposes of data verification)*

U.S. Citizenship Status *(choose one)* _____

For Visa holders only

If "other" Visa, specify type: _____

Visa Start: _____ Visa End: _____

Memberships (answer yes or no)

Gold Humanism Society _____ Alpha Omega Alpha Honor Society _____

National Provider Identifier (NPI) *(clinicians only)* _____

ORCID # (16 digits) _____ - _____ - _____ - _____

ORCID is a free, unique, persistent identifier (PID) for individuals to use as they engage in research, scholarship, and innovation activities. You can search for an existing ORCID, or quickly register for an ORCID here: **https://orcid.org/**

Email Address *(UMB email preferred)* _____

AAMC Specialty Code _____

Instructions for choosing the correct AAMC Specialty code: **Click HERE**

(Revised 11/11/26)