



UNIVERSITY of MARYLAND  
SCHOOL OF MEDICINE

DEMOGRAPHIC & CONTACT INFORMATION

*\*\*This form is to be completed by the faculty member or fellow.  
Demographic information is collected and used solely by the Dean's Office for required reporting only\*\**

Last Name \_\_\_\_\_

First & Middle Name/Initial \_\_\_\_\_

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

Last Name \_\_\_\_\_

First & Middle Name/Initial \_\_\_\_\_

AAMC Specialty Code

Instructions for choosing the correct AAMC Specialty code: [Click HERE](#)

National Provider Identifier (NPI) *clinicians only* \_\_\_\_\_

Email Address (UMB email preferred) \_\_\_\_\_

UMB Campus Mailing Address \_\_\_\_\_

Race \_\_\_\_\_

Personal Pronoun \_\_\_\_\_ Gender Identity \_\_\_\_\_

\*Description of options: <https://www.umaryland.edu/diversity/resources/sexual-identity-and-gender/>

Date of Birth \_\_\_\_\_ U.S. Citizenship Status \_\_\_\_\_

Alpha Omega Alpha Honor Society \_\_\_\_\_

Gold Humanism Society \_\_\_\_\_