

VOLUNTEER FACULTY APPOINTMENT REQUEST FORM

Candidate's Name:

Primary Department:

Requested Rank: _____, volunteer, non-tenure track

This is a(n):

Effective date: _____ to _____

Appointment is subject to earlier termination at the discretion of the Department Chair

Proposed activities during time of appointment (to be completed by department Chair or designee, not the faculty candidate)**
Explain teaching, clinical, research, service- specifically state audience/ types of students or patients; frequency; location of work.
If faculty member will have membership in a program, center, or institute, please also state that in the below text field.

Under what exception or program has permission for full privileges been given:

The faculty member will have patient care responsibilities at:

**The faculty member is expected to provide these services on a regular and ongoing basis while the faculty appointment is in effect. This appointment will be reviewed prior to renewal for additional term to ensure continued service of anticipated benefit to the Department before a renewal for an additional term is recommended.

The Dean of the University of Maryland School of Medicine has approved a special exception to the **UMSOM-UMMC Closed-System Model for Patient Care**, in order for you to engage in patient care activities within the UMMC/UMSOM downtown campus. Most typically full UMMC admitting privileges are limited to paid UMSOM faculty. However, because of the approval of this exception, as a volunteer faculty member, you will be permitted to have full UMMC admitting privileges for the term stated above.

If Maryland state (or other relevant state) law requires you to be licensed for work involving patient or client services, it is your responsibility to notify your department Chair immediately upon any non-renewal, suspension, or termination of your licensure.

This appointment is made upon the terms and conditions set forth in the University and School of Medicine policies applicable to volunteer faculty.

Requested:

Department Chairperson or Designee

Date

OAA only below this line _____

Approved:

Dean or Designee

Date