

Packet Checklist – Part-time **Appointments** at the ranks of:

Clinical Associate Professor, part-time, non-tenure track
Clinical Professor, part-time, non-tenure track

1. ___ Chair's Recommendation Letter
2. ___ **Secondary Appointment Request Form** *
3. ___ **CV Verification Form** *
4. ___ Curriculum Vitae
5. Letters of Recommendation minimum 2, maximum 4
 ___ **Letter 1** ___ **Letter 2** ___ Letter 3 ___ Letter 4
6. ___ SOM **Salary Sheet** *
7. ___ SOM **Faculty Appointment Information Sheet (FAIS)** *
8. ___ **Interim FAIS** *
9. ___ **VA Memorandum of Understanding** * (If applicable)
10. ___ Proof of Licensure ([Maryland Board of Physicians](#))
11. ___ Transcript(s) *only if 50% FTE or greater*
12. ___ **Demographic Form** *
13. ___ Offer letter signed by candidate
14. ___ Background check confirmation email from HR *only if 50% FTE or greater*
15. ___ **FRCS** * and published ads OR Waiver approval Memo *req. if 50% FTE or greater*

FINAL REMINDERS:

- *Forms and templates referenced in the above can be found here:
<https://www.medschool.umaryland.edu/AcademicAdmin/Forms-Letters--Templates/>
- Submit documents by **email**, in pdf format, in the same order as listed above, to Rose Drayton (rdrayton@som.umaryland.edu), Ruth Bassford (rbassford@som.umaryland.edu), and Hannah Andrews (handrews@som.umaryland.edu)
 - Name the packet using the year, month, day (yyyy-mmdd) the appointment will be effective, followed by the candidate's last name, first name (all lower case) and AP for the action (appointment) being requested Example: 2024-0701-smith-john-AP (packet is requesting an appointment for John Smith effective July 1, 2024)