

Name:

APPOINTMENT DOCUMENTATION CHECKLIST

Use this checklist when assembling a documentation file for a Volunteer Faculty Appointment.

- Checklist**
- Signed Appointment Summary** – PLEASE TYPE
- Department Chair Letter**
Please specify: proposed title, duties, areas of expertise, rationale for appointment, anticipated start date and location where appointee will work

Professional Credentials:

- Copy of Consolidated Application Request Form for Med Staff privileges**
(UCIMC Med Staff applicants only)

OR

- Verification of Good Standing from all other Medical Staff Offices**
(Only required if not applying for UCIMC Med Staff privileges)

AND

- Completed Medical License and Professional Liability Form, with attached copy of Proof of Professional Liability Insurance**
(Only required if do not currently have Med Staff privileges at other locations and are not applying for UCIMC Med Staff privileges)
- Summary Statement**
- Three letters of recommendation** (Each letter needs to have a signature and a date.)
- Sample(s) of letters of solicitation, if letters are submitted.** (Must include confidentiality statement)
- Current Curriculum Vitae**
- Child Abuse Statement**
- Dependent Abuse Statement**