

Name:

## REAPPOINTMENT DOCUMENTATION CHECKLIST

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

**Checklist**

**Reappointment Summary - PLEASE TYPE**

**Department Chair Letter**

Please comment on: quality and annual hours of teaching; professional competence; and duties and location where appointee works

### **Professional Credentials:**

**Copy of Reappointment Letter to UCIMC**  
(UCIMC Med Staff applicants only)

**OR**

**Verification of Good Standing from all other Medical Staff Offices**  
(Only required if not a member of UCIMC Med Staff)

**AND**

**Completed Medical License and Professional Liability Form, with attached copy of Proof of Professional Liability Insurance**  
(Only required if does not currently have Med Staff privileges at other locations and is not applying for UCIMC Med Staff privileges)

**Summary Statement**

**Current Curriculum Vitae**