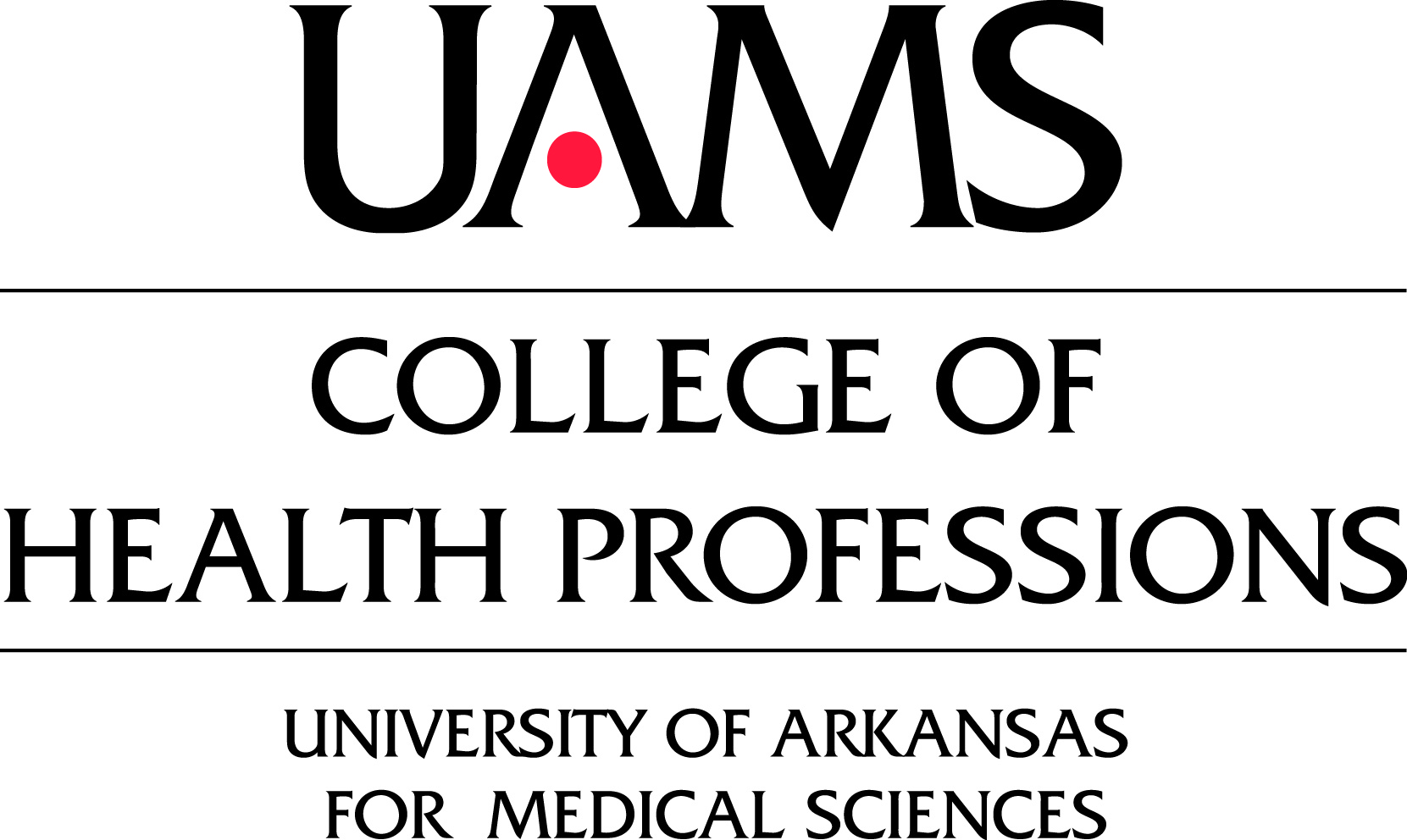
**Request for Secondary Faculty Appointment**

**College of Health Professions**

Definition: A secondary appointment is an arrangement in which the faculty member holds a primary appointment in another college at UAMS or another department in the College of Health Professions. A secondary appointment acknowledges the faculty member’s active, substantive participation in the secondary department’s educational, clinical, or research activities. The secondary department does not contribute to the faculty member’s salary. Secondary appointments are made at the same rank as the primary appointment.

Instructions: This form is to be completed by the College of Health Professions department requesting the secondary appointment. Type the information requested in the gray boxes. Obtain verbal approval and the signature of the chair of the department where the faculty member has his/her primary appointment and the dean of that college. Save the document and send it by email to the dean.

What is the name of the faculty member to be granted a secondary appointment? Type the name as it appears in SAP.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| First Name | Middle Name/Initial | Last Name |

**Primary Appointment Information**

What is the title and rank of the faculty member’s primary appointment (e.g., Associate Professor of Dermatology)?

|  |  |
| --- | --- |
| Primary Appointment |  |

What are the department/division and college of the faculty member’s primary appointment?

|  |  |
| --- | --- |
| Department/Division |  |
| College |  |

**Secondary Appointment Information**

What is the College of Health Professions department requesting the secondary appointment?

|  |  |
| --- | --- |
| Department |  |

What will be the faculty member’s responsibilities or contributions for the secondary appointment? Briefly describe the responsibilities or contributions.

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

What are the start and end dates for the secondary appointment? Generally, appointments expire at the end of the fiscal year on June 30. Secondary appointments may be renewed each fiscal year.

|  |  |
| --- | --- |
|  |  |
| Start Date (MM/DD/YY) | End Date (MM/DD/YY) |

Other Information or Comments

|  |
| --- |
|  |

**Signatures below document approval for the secondary appointment.**

|  |  |  |
| --- | --- | --- |
| **Primary Department** |  | **Secondary Department** |
| Department/Division Chair’s Signature |  | Department/Division Chair’s Signature |
|  |  |  |
| Date |  | Date |
|  |  |  |
| Dean’s Signature |  | College of Health Professions Dean’s Signature |
|  |  |  |
| Date |  | Date |

**Submit this signed form along with the faculty member’s current CV or resume**

**to the Office of the Dean, College of Health Professions.**