



The University of Toledo/Health Science Campus  
**COMMUNITY-BASED FACULTY**  
*Appointment or Change of Status Form*

**Action:** \_\_\_\_\_ **Action Effective Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Social Security No., Last Four Digits\*:** \_\_\_\_\_  
Last First Middle Degree

**Address:** \_\_\_\_\_  
Street City State ZIP Code

**Phone:** \_\_\_\_\_ **Email\*:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Clinical Setting Location\*:** \_\_\_\_\_ **Subspecialty\*:** \_\_\_\_\_ *\*Required*

**Commitment to Teaching Attestation\***

**AHEC Request**

- Without Medical Staff Privileges
- With Medical Staff Privileges:
  - Criminal Background Check
  - Drug Test/Immunizations
  - HIPAA/Compliance Requirements
  - Safety Test Bank

- Clinical Supervision Residents
- Clinical Supervision Students
- Research
- Other – Specify: \_\_\_\_\_

**CURRENT**

**PROPOSED**

Primary Department: \_\_\_\_\_  
 Academic Rank: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Joint Appointment(s): \_\_\_\_\_ Academic Rank: \_\_\_\_\_

Joint Appointment(s): \_\_\_\_\_ Academic Rank: \_\_\_\_\_

**AUTHORIZATIONS**

Chairperson (Primary Dept.) \_\_\_\_\_

Chairperson (Joint Dept.) \_\_\_\_\_

Appointing Authority \_\_\_\_\_

Dean of Respective College \_\_\_\_\_

Board of Trustees Approval Date \_\_\_\_\_

*Send completed form with supporting material to the Office of Faculty Affairs  
 APT Recommendation if applicable, Letter from Chair to the Dean requesting appointment, CV.*