



The University of Toledo/Health Science Campus

PROMEDICA PRACTITIONER TRACK

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*:** _____

Gender: _____

Clinical Setting Location*: _____ **Subspecialty*:** _____

Commitment to Teaching Attestation* *Required

- | | |
|----------------------------------|--------------------------------|
| Without Medical Staff Privileges | Clinical Supervision Residents |
| With Medical Staff Privileges: | Clinical Supervision Students |
| Criminal Background Check | Research |
| Drug Test/Immunizations | Other – Specify: _____ |
| HIPAA/Compliance Requirements | |

	CURRENT	PROPOSED
Primary Department:	_____	_____
Academic Rank:	_____	_____

Joint Appointment(s): _____ Academic Rank: _____

Joint Appointment(s): _____ Academic Rank: _____

***My signature verifies the above information is accurate to the best of my knowledge, and the academic rank, in which I am applying, has been identified correctly.**

***Applicant Sign-off:** _____

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