



## Faculty Appointments Checklist

*Forward the following documents to the Office of Faculty Affairs & Development to be reviewed at the next Faculty Appointments Committee Meeting. Please include a copy of this checklist with the appointment packet to the Faculty Appointments Committee.*

**Faculty Candidate:** \_\_\_\_\_

**Department:** \_\_\_\_\_

\_\_\_\_\_ Letter to Faculty Appointments Committee Chair from the Department Chair

Include the following information in the letter:

- Request appointment and state the role in the department
- Statement of verification of credentials (MD/PhD degree, board certification, ACGME residency, TMB license verification, etc.)
- Rank and tenure option
- Department/division

\_\_\_\_\_ TMB License Verification printout (if Texas licensed) <http://www.tmb.state.tx.us/page/look-up-a-license>

\_\_\_\_\_ Current Curriculum Vitae (within last 6 months)

\_\_\_\_\_ Three (3) current letters of recommendation (within last 6 months)

### **IF REQUESTING A NON-SALARIED POSITION STOP HERE**

\_\_\_\_\_ Interview comments from one (1) member of Faculty Appointments Committee, other faculty (at least 3) and Clinical Research Institute (CRI) Director or staff on the respective campus if clinical faculty (highly encouraged)

\_\_\_\_\_ Copy of SOM OP 20.01.B, Request to Recruit

\_\_\_\_\_ Completed and signed HSC OP 60.09 Attachment D, EEO/Affirmative Action Recruitment Summary, with the candidate/applicant **demographic data** (get from HR recruitment office)

*Following approval by the Faculty Appointments Committee, the following documents will be required. Please send to the Office of Faculty Affairs and Development for processing and offer letter.*

\_\_\_\_\_ SOM OP 20.01.F or SOM OP 20.01.G, Physician Employment Agreement (including candidate benefits/compensation statement, special power of attorney, assignment and plan agreement and initial term)

\_\_\_\_\_ Request to Hire

\_\_\_\_\_ Letter to SOM Dean requesting the letter of offer to be sent to candidate

Include the following information in the letter:

- Request appointment as approved by the Faculty Appointments Committee
- Rank and Tenure option
- Current address
- Starting date
- Starting salary

\_\_\_\_\_ Original (official) Transcript, ECFMG (notarized copy--if applicable), Board certification certificate (notarized copy) *(Maintained by the department.)*