TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™
School *of* Medicine

Request to Recruit - Clinical

Campus:_____ **Department:** _____

Requestor/Department Contact:
Name: _____Title: _____ Email:_____

Type of Action:
New Position: ☐ Replacement: ☐ Joint Appointment: ☐ Joint Department: _____

If Replacement:
Replacement for whom: _____ Termination Date: _____

Position #: _____ FTE #: _____ FOP(S) _____

Is this position a basic requirement for fellowship/residency program? Yes or No
Explain: _____

Where will this position be credentialed?
Primary Location? _____

Secondary Location? _____

Recruiting:

Department Contacts for Recruiting questions & needs:
Contact Person 1: Name_____ Preferred Contact Phone number: _____
Contact Person 2: Name _____ Preferred Contact Phone number: _____
Contact Person 3: Name _____ Preferred Contact Phone number: _____
Contact Person 4: Name _____ Preferred Contact Phone number: _____
Contact Person 5: Name _____ Preferred Contact Phone number: _____
Contact Person 6: Name _____ Preferred Contact Phone number: _____

Who will have the initial zoom call with potential candidates? _____

Job description: (Please attach a copy of job description)

What are the top 3 duties of this position?
_____
_____
_____

What is the weekly percent time commitment/workload for the following:
Clinical Responsibilities: _____
Administrative Responsibilities: _____
Research Responsibilities:_____
Teaching Responsibilities: _____

What are the leadership responsibilities for this role? _____

What are the estimated call requirements for this position? _____
What is the amount of OR block time? _____
Are they participating in Telemedicine? Yes or No Notes: _____

What is a unique piece of information about your department or faculty that you would like potential candidates to know?
Ex: Focus on mentoring; faculty willing to share call; faculty meetings; research interest; Will they be working with hospitals/centers/institutes; etc.

_____
_____
_____

Advertising: Please list any recommendations on where to post position. Are there any posting sites the Department Chair has access (specialty specific organization sites)?

_____
_____

Are you currently aware of any internal/external candidates for this position? Y or N
Name: _____ Contact Email: _____
Name: _____ Contact Email: _____

Financing: Please Complete Attached Pro Forma

Requested by: _____ Date: _____
(Department Chair)

*Comments:*_____
_____
_____
_____