



Please complete the form below. The information will be entered into the AAMC Faculty Roster through the Faculty Administrative Management On-line User System (FAMOUS). The Faculty Roster is a continuously updated database on U.S. medical school faculty which provides national biomedical research and health workforce data to federal agencies and medical schools.

Items with an asterisk (\*) are required fields. FAMOUS will not accept a faculty record until information is entered into the required field. Items designated (©) are confidential and will be released only to the individual faculty member and to an authorized representative at the school of appointment. Items designated (®) are restricted and will be furnished to authorized individuals at member schools and others at the discretion of the AAMC President. Aggregates of any class of data items may be published.

1. Medical School Reporting: \* \_\_\_\_\_

**General Information**

2. Name: First\* \_\_\_\_\_ Middle \_\_\_\_\_ Last\* \_\_\_\_\_ Suffix \_\_\_\_\_

3. Social Security Number©: \_\_\_\_\_ 4. Sex®:  Male  Female

5. Birth Date® (mm/dd/yyyy): \_\_\_\_\_ 6. Current Citizenship (country): \_\_\_\_\_

7. Birth Place: a. Country \_\_\_\_\_ b. State/Province \_\_\_\_\_

8. Hispanic Origin®:  Not of Hispanic Origin  Cuban  Mexican, Mexican American, Chicano/Chicana  
 Puerto Rican  Other  Decline to Respond

9. Race® (Indicate all applicable race categories):

American Indian or Alaska Native  American Indian or Alaska Native Enrolled or Principal Tribe \_\_\_\_\_

Asian  Asian Indian  Chinese  Filipino  Japanese  Korean  
 Pakistani  Vietnamese  Other Asian \_\_\_\_\_

Black or African American  Black

Native Hawaiian or Other Pacific Islander  Guamanian or Chamorro  Native Hawaiian  Samoan  
 Other Pacific Islander \_\_\_\_\_

White  White

Other  Other \_\_\_\_\_

Decline to Respond

10. Optional Comment©: \_\_\_\_\_  
 (for school use only)

**Contact Information**

11. Address: \_\_\_\_\_  
 \_\_\_\_\_

12. Room Number or Mail Stop: \_\_\_\_\_

13. City\*: \_\_\_\_\_ 14. State/Province\*: \_\_\_\_\_

15. Zip: \_\_\_\_\_ 16. Country\*: \_\_\_\_\_

17. Primary E-Mail: \_\_\_\_\_ 18. Alternate E-Mail: \_\_\_\_\_

19. Primary Contact Method:  Mail  E-Mail  None

**For AAMC Staff Use Only:** Received Date (mm/dd/yyyy): \_\_\_\_\_ AAMC ID: \_\_\_\_\_  
 Comment: \_\_\_\_\_

**Appointment and Rank History: Faculty Appointments (List only U.S. medical school faculty appointments)**

**Current  
Appointment**

**Previous or Joint Appointments  
(Previous appointments require an end date)**

20. Effective Date of Appointment:  
From (mm/yyyy)\*

21. Effective Date of Appointment:  
To (mm/yyyy)

22. Institution\*  
(include campus/location, if applicable)

23. Department\*

24. Division/Section (if applicable)

25. Faculty Title

26. Rank\* (select one per appointment)

- Professor
- Associate Professor
- Assistant Professor
- Instructor
- Other

27. Primary or Joint Appointment

28. Faculty Track®

29. Tenure Status©

- Tenured
- Not tenured, on tenure-eligible track
- Not tenured, not on tenure-eligible track
- Tenure not available

30. Effective Date of Tenure (mm/yyyy)

31. Nature of Appointment\*

- Full-time
- Part-time
- Volunteer
- Emeritus

32. Part-time Effort (% of time)  
(for part-time Nature of Appt. only)

% % %

33. Employment Location Type

- School-based
- Hospital-based
- VA-based
- Other

34. Employment Location  
(institution name, if other than  
medical school)

35. Endowed Appointment

Yes  No  Yes  No  Yes  No

36. Endowed Appointment Title

37. Allocated Effort©

- a. Teaching % % %
- b. Research % % %
- c. Patient Care % % %
- d. Administration % % %
- e. Other Professional Activities % % %

Total 100% 100% 100%

**Appointment and Rank History (continued): Chair and Division/Section Chief Appointments  
(List appointments in medical schools only)**

38. From (mm/yyyy)*	39. To (mm/yyyy)	40. Institution*	41. Department*	42. Division/Section (if applicable)	43. Type of Chair
A					<input type="checkbox"/> Chair <input type="checkbox"/> Acting <input type="checkbox"/> Co-chair <input type="checkbox"/> Interim <input type="checkbox"/> Division/Section Chief
B					<input type="checkbox"/> Chair <input type="checkbox"/> Acting <input type="checkbox"/> Co-chair <input type="checkbox"/> Interim <input type="checkbox"/> Division/Section Chief
C					<input type="checkbox"/> Chair <input type="checkbox"/> Acting <input type="checkbox"/> Co-chair <input type="checkbox"/> Interim <input type="checkbox"/> Division/Section Chief

**Appointment and Rank History (continued): Administrative Appointments**

44. From (mm/yyyy)*	45. To (mm/yyyy)	46. Institution*	47. Department*	48. Administrative Title	49. Administrative Appointment Type
A			Administration		<input type="checkbox"/> School-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> VA-based <input type="checkbox"/> Other
B			Administration		<input type="checkbox"/> School-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> VA-based <input type="checkbox"/> Other
C			Administration		<input type="checkbox"/> School-based <input type="checkbox"/> Hospital-based <input type="checkbox"/> VA-based <input type="checkbox"/> Other

**Education and Training: Earned Advance Degrees (Degrees above the bachelor's level)**

50.  No Earned Advance Degrees (if box is checked, proceed to item 56)

51. Degree*	52. Field of Study	53. Country	54. Institution (if in U.S. or Canada)	55. Year Conferred*
A				
B				
C				
D				
E				

**Education and Training: Graduate Medical Education in the U.S. (Include both residencies and clinical fellowships)**

56.  No Graduate Medical Education in the U.S. (if box is checked, proceed to item 62)

57. From (yyyy)*	58. To (yyyy)	59. Specialty/Subspecialty*	60. Institution*	61. Board Eligible
A				<input type="checkbox"/> Yes <input type="checkbox"/> No
B				<input type="checkbox"/> Yes <input type="checkbox"/> No
C				<input type="checkbox"/> Yes <input type="checkbox"/> No
D				<input type="checkbox"/> Yes <input type="checkbox"/> No
E				<input type="checkbox"/> Yes <input type="checkbox"/> No

**Education and Training: Post-doctoral Research in the U.S. (Minimum of 6 months duration)**

62.  No Post-doctoral Research in the U.S. (if box is checked, proceed to item 67)

63. From (mm/yyyy)\*      64. To (mm/yyyy)      65. Field of Study      66. Institution

A  
B  
C

**Education and Training: Specialty/Subspecialty and U.S. Board Certification**

67.  No Specialty/Subspecialty (if box is checked, proceed to item 72)

68. Specialty/Subspecialty\*      69. U.S. Board Certified      70. Original Certification Year      71. Recertification Year

A       Yes     No  
B       Yes     No  
C       Yes     No  
D       Yes     No  
E       Yes     No

**Professional Employment History (List professional employment other than medical school faculty appointments)**

Note: U.S. Medical School faculty appointments should be entered in Appointment and Rank History.

72. From (yyyy)\*      73. To (yyyy)\*      74. Employment Type\* (fill in letter from list below)\*      75. Institution (if employment type is "a", "b", or "c")      76. Nature of Employment      77. Title

A       Full-time     Part-time  
B       Full-time     Part-time  
C       Full-time     Part-time  
D       Full-time     Part-time  
E       Full-time     Part-time

**\* Employment Types include:**

- |   |  |  |
|---|--|--|
| a. U.S. college or university (non-medical)   | f. U.S. government - DOD/Military Hospital | k. Private practice of medicine (M.D.s and D.O.s only) |
| b. U.S. medical school (non-faculty)          | g. U.S. government - other                 | l. Foundation, research institute, association         |
| c. U.S. hospital (non-federal)                | h. U.S. active military service            | m. Foreign employment                                  |
| d. U.S. government - PHS (NIH, NIMH)          | i. U.S. State or local government          | n. Other employment                                    |
| e. U.S. government - Veteran's Administration | j. Private business or industry            |  |

**Recruitment Consent**

78. AAMC frequently assists medical school search committees in identifying potential candidates for open faculty and chair positions, as well as federal agencies in identifying candidates to serve as consultants and members of advisory groups.

I consent to the release of my record for recruitment purposes. \_\_\_\_\_ (signature)

I do not consent to the release of my record for recruitment purposes. \_\_\_\_\_ (signature)