

WVU SCHOOL OF MEDICINE SEARCH REPORT

Name of Selected Candidate: Date Search Report is submitted to the Dean's Office:

GENERAL INFORMATION

| Position Title: | Division/Department: | School/College: |
|--|---|--------------------------------------|
| Salary Range: \$ | | |
| Area of Specialization: | | |
| New Position | | |
| Replacement Position - Na | me of Person Replaced: | |
| Promotion - Previous Title | :: | |
| Gender: | | |
| Social Security Number: | | |
| Date Position is Available: | | |
| Start Date (should be 90 days out | from offer accept date to ensure provider i | s enrolled with payers): |
| If start date is less than 90 days | , please list reason why: | |
| | | |
| | | |
| | | |
| <u>Check One</u> | <u>Check One</u> | <u>Check One</u> |
| <u>Check One</u> Tenure track faculty | <u>Check One</u> Full-Time Position | <u>Check One</u> Regular Position |
| | | |

JOB POSTING WAIVER APPROVAL (*if applicable for positions not posted 30 days*) Waiver Request Summary:

Director of Physician Talent Management Signature: (*Or their designee in Physician Recruitment*)

SIGNATURES

1. Hiring Official:

Faculty Equivalent/Ac. Prof.

2. Physician Recruiter-AA/EEO Representative: AA/EEO Clearance: Yes No Applications/Interview disclosures (i.e. Medical Malpractice claims, criminal records, etc.) have been cleared & approved by Legal & Med Staff Affairs: Yes No

Interim Position

*Return this form to the WVU School of Medicine Dean's Office when you submit your draft offer letter