ADJUNCT FACULTY REAPPOINTMENT FORM
Current Year: Select WVU School of Medicine

Please complete the following information regarding your adjunct faculty appointment with the WVU School of Medicine. Attach separate sheets if needed.

NAME: _____
DEPARTMENT: _____
CURRENT RANK: _____
(i.e., instructor, assistant professor, associate professor, professor)
DATE OF INITIAL APPOINTMENT: _____ DATE OF LAST PROMOTION: _____
OFFICE MAILING ADDRESS: _____
_____
OFFICE TELEPHONE #: _____ **EMAIL**:_____

IMPORTANT: Do you wish to continue your adjunct faculty appointment? If you answer no, please give your reason. (example: retiring, relocating, not enough time, etc.)
YES ☐ **NO** ☐ **REASON:** _____

1. In what way have you interacted during the past year with the following at your WVU affiliated institution or at the Medical School campuses in Charleston, Morgantown, or Eastern panhandle?
   [invited lectures, student reserach etc.]
   a. WVU graduate students: _____
   b. WVU professional program students:_____
   c. 1st- 4th year WVU medical students_____
   d. Members of the intern/resident staff:_____
2. With approximately how many of the following have you had significant educational influence in the past twelve months?
   a. Graduate students:____ b. Professional programs students _____ c. 1st year medical students:_____ d. 2nd year medical students: _____ e.3rd year medical students:_____ f. 4th year medical students:_____ g. Resident staff: _____
3. Approximately how many formal lectures, grand rounds, seminars or conferences did you present to WVU graduate, professional, and medical students, resident and faculty in the past 12 months?_____
4. Please describe your participation in any WVU research, with whom and in what depts. (ex: active research collaboration with WVU investigators, joint authorship on papers or abstracts, Co-Investigator on extramural research grant or grant application):
   _____
   _____
   _____
5. Were you an active member of any WVU School of Medicine Committees in the past year? Yes☐ No☐
   If so, which?_____
6. In what other ways did you participate in WVU School of Medicine activities in the past year?_____
   _____
   _____
7. Please list any professionally related publications or presentations in the past year and please highlight those with a WVU affiliation (use reverse side if necessary):_____
   _____
   _____
8. Please list activities related to local, regional and national professional organizations such as committee memberships, holding office, etc._____
9. If requesting a promotion, please attach a brief letter stating your contributions to the SoM for the past 5 years (ex: became more active with teaching, etc.) and a current CV. Your request for promotion must be received by the department no later than September 1.

PLEASE attach a current CV and return it with this form and the Notice of Appointment to your department at the WVU School of Medicine