UNC Department of Physical Medicine and Rehabilitation

Adjunct Reappointment Application

**Directions:** Please complete the application form below and email to[*aaron\_olsen@med.unc.edu*](mailto:aaron_olsen@med.unc.edu)along with your updated CV (in UNC SOM format).

|  |  |  |
| --- | --- | --- |
| **Applicant Information** | | |
| **Today’s Date** |  | |
| **Full Legal Name** |  | |
| **Degrees** |  | |
| **Licenses** |  | |
| **Certifications** |  | |
| **Email Address** |  | |
| **Phone Number** |  | |
| **Home Address *(Street, Apartment, City, State, & Postal Code)*** |  | |
| **Place of Employment** |  | |
| **Current Position at Place of Employment** |  | |
| **Employer Address** |  | |
| **Summary of Contributions to the Department**  Document your contributions relating to the meaningful activities listed below… | | |
| ***Teaching*** | | |
| * Actively taught medical students and residents? (If so, please provide number of students, learning topics, and frequency) | |  |
| * Supervised a resident or medical student’s clinical work? (If so, please provide details of clinical work involved and time spent) | |  |
| ***Research*** | | |
| * Collaborated on research through grants or papers with Department faculty? (If so, please provide name of research project, other involved faculty members, and time spent.) | |  |
| * Served as a consultant on any research projects? | |  |
| **Written Responses** | | |
| **Write a brief statement as to how your adjunct appointment with the department has served you.** | |  |
| **Are there other ways that you plan to engage with the Department over the next two years?** | |  |