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*along with your updated CV (in UNC SOM format).

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| **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)
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| * Supervised a resident or medical student’s clinical work? (If so, please provide details of clinical work involved and time spent)
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| ***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.)
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| * Served as a consultant on any research projects?
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| **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?** |  |