UNC Department of Physical Medicine and Rehabilitation

Initial Adjunct Appointment 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 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** |  | |
| **Prediction of Contributions to the Department of Physical Medicine & Rehabilitation**  Below you will find a listing of our department’s meaningful activities. Please document the activities that you will participate in if you are granted an adjunct appointment. | | |
| ***Teaching*** | | |
| * Actively teaching medical students and residents. (If so, please provide estimated number of students, learning topics, and frequency) | |  |
| * Supervising a resident or medical student’s clinical work. (If so, please provide estimated details of clinical work involved and time spent) | |  |
| ***Research*** | | |
| * Collaborating on research through grants or papers with Department faculty. | |  |
| * Serving as a consultant on a research project. | |  |
| **Written Responses** | | |
| **Write a brief statement as to why you would like an adjunct appointment within the Department.** | |  |
| **Are there other ways that you plan to engage with the Department over the next two years?** | |  |