[Date]

[Address]

Dear [Salutation]

Congratulations on your appointment as [Clinical or Affiliate Title] of [Department Name], effective [insert date]. While this is an annual appointment subject to renewal each year, we expect that you will have a long and productive relationship with the University of Washington and our department. Recommendations for renewal includes active contributions to the clinical and/or teaching missions of the School of Medicine. These contributions will be considered for promotional purposes during the annual review. Attached please find the criteria for appointment, reappointment, and promotion to the various ranks of clinical or affiliate faculty in the Department of [Insert Department name].

**A-Check**

Your appointment in this position is conditioned upon obtaining a satisfactory criminal conviction background check result. “A-Check Global” is the consumer reporting agency vendor that conducts background checks for the university. If you have not already been contacted, you will receive an email message from A-Check that explains how to log in to their secure site, and provide the information that is needed to complete the background check process. This will include, among other things, your birth date, your social security number, and any other names by which you have been known.

**UW Net ID**

You should have already received an email from the UW-IT Service Center regarding your UWNetID. This email includes your UW Employee ID number and temporary code to set up your UWNetID. The UWNetID is required to access certain resources like Health links and university library systems. Should you ever have any questions about your UW NetID, please contact UW Technology at 206-221-5000 or help@uw.edu.

**Husky Card** (Optional)**:**

If you are interested in a Husky Card, please contact the department for more information. More about how you can use your Husky card is here: <https://www.hfs.washington.edu/huskycard/>.

**Professionalism:**

UW Medicine values professionalism in carrying out UW Medicine’s mission of improving the health of the public through teaching, research and patient care. Professionalism includes demonstrating excellence, integrity, respect, compassion, accountability, and a commitment to altruism in all your work interactions and responsibilities. You are expected to conduct yourself in a professional manner in all of your interactions consistent with the UW Medicine Policy on Professional Conduct which is attached and can be found at: <http://www.uwmedicine.org/about/policies/professional-conduct>.

**Family Educational Rights and Privacy Act (FERPA):**

The Family Policy Compliance Office under the U.S. Department of Education defines FERPA as a federal law that protects the privacy of student education records. FERPA is a set of regulations that applies to those institutions that receive funding from the Department of Education. FERPA was written specifically for students, and guarantees them the right to inspect and review their education records, the right to amend their education records, and the right to have some control over the disclosure of information from those education records.

More information can be found here:

<https://registrar.washington.edu/staffandfaculty/ferpa/>

<http://courses.washington.edu/registr/FERPA_Faculty_Staff/FERPA_Handout.pdf>

We appreciate your efforts on behalf of the departmental teaching programs, and I am pleased to welcome you as a new [clinical or affiliate] faculty member. If you have questions about any aspect of your [clinical or affiliate] faculty appointment, please contact wwamiapt@uw.edu or [Department Contact]

Sincerely,

[Chair’s Name], M.D.

Professor and Chair,

Department of [Department Name and/or Division]