



WWAMI FACULTY APPOINTMENT CHECKLIST

Full Legal Name of Faculty:

Appointment Type

- Clinical Faculty Appointment*
- Affiliate Faculty Appointment

Letter of Recommendation

- Letter from the WWAMI Assistant Clinical Dean.

Current CV

- All items on the checklist need to be included on the CV - see page 2.

Copy of Permanent Resident Card or Employment Authorization Card

- Required for non-U.S. citizens only.

WWAMI Personal Data Form

- Please verify that all fields are complete.

UW Criminal Convictions Questionnaire*

- Correct form dated - Revised: 4/02/2014.
- Please ensure that all questions are answered.
- Form must be signed - electronic signature acceptable.

Washington State Patrol Form*

- Correct form dated (R 7/11).
- Please ensure that sections C & D are both completed.
- Form must be signed - electronic signature acceptable.



UNIVERSITY OF WASHINGTON WWAMI SCHOOL OF MEDICINE CURRICULUM VITAE CHECKLIST

Your curriculum vitae should include all of the categories listed below.
If a category does not apply, indicate “none” or “n/a” after the heading.

CV Dated

- Date of CV in upper right.

Personal Data

- Legal Name.
- Optional:* Place of Birth and Citizenship.

Education

- University of undergraduate degree - indicate places and dates, including month and year.
- University of graduate degree - indicate places and dates, including month and year.

Postgraduate Training

- Internship, residencies, and/or fellowships - place(s) and dates - oldest to newest.

Faculty Positions Held

- Rank and Department - place(s) and dates - oldest to newest.

Hospital Positions Held

- Place(s) and dates (Do not duplicate Faculty Positions above).

Current Employment

- Place(s) and dates - oldest to newest (Do not duplicate Faculty or Hospital Positions above).

Honors

- Phi Beta Kappa, Sigma Xi, AOA, Prizes, RCDAs, Young Investigator Awards, Teaching Awards, International and national recognition should be called out. Include dates of awards - oldest to newest.

Board Certification ***Required**

- General Medical and/or Specialty Boards - indicate date received, recertification and/or expiration date(s).

Current License(s) to Practice ***Required**

- State(s) and dates - indicate date received, recertification and/or expiration date(s).

Diversity, Equity, and Inclusion Activities (Optional)

- List partnerships with community-based organizations, research in health disparities, mentoring underrepresented trainees or faculty and teaching related to diversity and inclusion.

Professional Organizations

- Include date(s) of membership and/or office(s) held.

Teaching Responsibilities

- List specific courses, specific responsibility, and percentage of responsibility, if shared course for the UW School of Medicine. Indicate role in teaching committees. (*Optional:* List recent CME taught).