

This request is for (check one only):

- Clinical Faculty Appointment
- Affiliate Faculty Appointment

FACULTY WWAMI APPOINTMENT CHECKLIST

Legal Name of Faculty

COMPLETE ALL FORMS USING LEGAL NAME

<input type="checkbox"/>	<p>Letter of Recommendations</p> <p><i>Once the completed application is returned to the WWAMI regional office, it will be finalized on your behalf with a letter from the WWAMI Assistant Clinical Dean. All letters of recommendation should be addressed to the Department Chair.</i></p>
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<input type="checkbox"/>	<p>Current CV (Curriculum Vitae)</p> <p><i>Attach the most current version of your CV in UW School of Medicine format. Outdated versions and other formats may delay the application process.</i></p>
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<input type="checkbox"/>	<p>Copy of Permanent Resident Card or Employment Authorization Card.</p> <p><i>Required for non-U.S. citizens only.</i></p>
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<input type="checkbox"/>	<p>WWAMI Personal Data Form</p>
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<input type="checkbox"/>	<p>UW Conviction/Criminal History Form</p>
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<input type="checkbox"/>	<p>Washington State Patrol (WSP) Criminal History Information</p>
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<input type="checkbox"/>	Provide current business contact information		
CONTACT	University / Office Name		
	Contact Name		
	Street Address		
	City	State	Zip
	Email	Phone	Fax

<p>** Please return the completed application with applicable attachments to the following address **</p> <p><i>The appointment process may take up to 8 months. Incomplete application(s) may cause delays in the processing of your appointment</i></p>			
WWAMI SITE (check one only)		ATTENTION NAME	
Western WA	Wyoming	Montana	
Central & Eastern WA	Alaska	Idaho	
Spokane WA			
ADDRESS	CITY	STATE	ZIP