

INSTRUCTIONS FOR FACULTY APPLICATION FOR UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

- (This form may be used for all Colleges if so desired - but must be used for College of Medicine)
1. Please print or type
 2. Return completed application to chairman of department as soon as possible. No appointment in the College of Medicine can be processed without the attached information.
 3. Use additional sheets for information if needed.
 4. Please enclose Loyalty Oath, Affirmation of Signature, Completed W-4 form if applicable, Completed Hospital application (if applicable).
 5. The following are definitions of terms used on Application Form No. 2. Should you desire further explanation, please contact the Office of Academic Personnel, ext. 283

MAJOR AREAS OF RESPONSIBILITY

Should indicate major functional emphasis of activity in any combination of teaching (T), research (R), service (S), administration (A), or other (O). Check all that apply. If a primary responsibility exists, enter the letter "P" in appropriate column.

NATURE OF EMPLOYMENT

If no pay - (V) volunteer. If paid - (PTS) part-time salaried, (SFTA) strict full time in affiliated teaching hospital, (SFT) strict full time in medical college, (GFT) geographic full time in college of medicine, (GFTA) geographic full time in affiliated teaching hospital. Consult departmental secretary or academic personnel office for additional assistance.

TYPE OF EMPLOYMENT (Past Professional Employment History)

Academic (Enter name of school; clearly indicate if medical school, rather than parent institution).		
Private practice of medicine	Government-other	U.S. hospitals (non-federal)
Government-PHS (including hospitals)	Foundation (or research institute)	U.S. State or Local Government
Government-Military (including hospitals)	Industry or Business	Foreign - non-academic
Government-Veterans Affairs (including hospitals)	Other (specify)	

TERMS USED ON APPLICATION PORTION MARKED "WITH REMUNERATION"

Questions pertaining to Predoctoral and Postdoctoral support

Discipline: Should indicate in broad terms the field of study for specialty, if relevant, in which training was taken.

Purpose:	Complete Degree	Training only	Training and research	Training, teaching, and research
	Complete additional doctorate	Teaching only	Teaching and research	
	Specialty training	Research only	Training and teaching	

Source of Award: May also be used for AGENCY

Abbreviations

NIH	National Institutes of Health	NSF	National Science Foundation	ACAD	Academic
PHS	Other Public Health Service	VA	Veterans Administration	RMP	Regional Medical
CPEHS	Consumer Protection & Environment	FED-Other	Federal-Other	DOD	Dept. of Defense
HSMHA	Health Services & Mental Health Administration	ACAD-F	Academic Foreign	AEC	Atomic Energy
SRS	Social Rehabilitation Services	FOR	Foreign	NASA	National Aeronautics
SSA	Social Security Administration	FDN	Foundation, society, association	OEO	Economic Opportun.
OE	Office of Education	IND	Industry, business	FED	Federal other,
DHEW-other	All other HEW		All other, please specify		Please specify

COMPLETE BOTH PAGES OF THIS FORM

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER FACULTY APPLICATION FORM

Date _____

NAME: (Last) _____ (First) _____ (Middle) _____ Social Security Number _____ Date of Birth _____

Place of Birth: (City) _____ (State) _____ (Country) _____ Sex M F Race Wh. Bl. Hi. A/PI AI/AN

Home Address: (Street) _____ (City) _____ (State) _____ (Zip Code) _____ Home Phone _____

Office Address: (Street) _____ (City) _____ (State) _____ (Zip Code) _____ Business Phone _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Spouse's Name (if applicable): _____

Citizenship: (Country) _____ Former Citizenship (if naturalized): _____ Date of Naturalization: _____

Visa Status: Temporary Permanent Visa Symbol _____ Length of Stay: _____

Have you held a previous appointment at this Health Sciences Center: Yes _____ No _____ If yes, with remuneration _____ without remuneration _____

If with remuneration: Title _____ Department _____

Are you presently employed at this Health Sciences Center: Yes _____ No _____ If yes, present title and department: _____

Memberships in Associations or Societies (Major)	Hospital Staff Memberships (Major)	Research Projects (Major)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use additional sheets of paper to complete above questions if necessary

Major Publications: _____

Please use additional sheets of paper to complete above question if necessary

EARNED DEGREES (List all degrees) If no earned degrees, please check _____

	Specific Degree	Field of Study	Institution Conferring Degree	Name State of Foreign	Year Started	Year Completed
M.D. or equivalent	_____	_____	_____	_____	_____	_____
Ph.D. or equivalent	_____	_____	_____	_____	_____	_____
Other Health Prof. Doct.	_____	_____	_____	_____	_____	_____
Masters	_____	_____	_____	_____	_____	_____
Bachelors	_____	_____	_____	_____	_____	_____
Additional Degree(s)	_____	_____	_____	_____	_____	_____

INTERNSHIPS	Please check if none _____	U.S. Hospital	City	State	From	Year Completed
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

RESIDENCIES	Please check if none _____	U.S. Hospital	City	State	Service	From	Year Completed
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

U.S. Board Certification Please check if none _____
First Certification: _____ Year: _____ Second Certification: _____ Year: _____

Non-certified Specialization Please check if none _____ Specialty _____
 Foreign Specialty Certification Please check if none _____ Specialty _____ Year _____
 PAST PROFESSIONAL EMPLOYMENT HISTORY: (Limit to last 10 years, beginning with most recent) Year of First Medical School Faculty Appointment _____

COMPLETE COLUMNS BELOW FOR MEDICAL COLLEGE EMPLOYMENT ONLY

Years		Type of Employment (If academic, enter school name)	Major Areas of Responsibility					Department	Nature of Employment	Academic Rank	Administrative Title
From	To		T	R	S	A	O				
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									

Basic Specialty(s) Please check if none _____ (a) _____ (b) _____ (c) _____
 Have you ever served as a volunteer non-salaried faculty member at a medical school? Yes _____ No _____ If yes, latest year _____
 Check source from which you originally entered medical school employment: Training program _____ Private Practice _____ Federal government _____ Educational institution other than medical school _____ Residency _____ State or local government _____ Other (specify) _____

COMPLETE FOLLOWING QUESTIONS ONLY IF APPOINTMENT IS WITH REMUNERATION

Predoctoral Support in the USA		Discipline	Purpose	Source of Award	Years	
Institution	Please check if none _____				From	To
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Postdoctoral Support in the USA		Discipline	Purpose	Source of Award	Years	
Institution	Please check if none _____				From	To
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

REMARKS _____

Signature _____