

**Sponsor: Please submit request form to the Deans Office. Please include a current CV.**

**Sponsor** name (current faculty with SON): \_\_\_\_\_ Phone: \_\_\_\_\_

**Sponsoring program** (for example FNP, or UG): \_\_\_\_\_

**Candidate for Faculty Appointment**

Name:

Credentials:

Email address:

Company name (if any):

Street Address:

City, State, ZIP:

Contact phone:

Please briefly describe what **mission(s) this person supports** and what do they do for SON program?  
*(for example clinical preceptor, sharing clinical expertise in guest lecture or simulation, teaching about expertise in policy or ethics, support for curriculum development, support of research activities, etc.):*

**Level of engagement:** How often does this person provide service *(for example once a term, several times a term, once a year, etc.)*?

Are they employed at OHSU or at Affiliated entity *(for example Portland VA; School of Public Health)*.

**If yes = Complete SECTION A**

**If no = Complete SECTION B**

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**SECTION A. EMPLOYED AT OHSU or Affiliated Entity**

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1. Department/area of employment in OHSU/Affiliated Health System: \_\_\_\_\_

2. Do they have an academic appointment anywhere at OHSU (for example SOM, SoPH)?

**If yes:** Current Rank at OHSU = \_\_\_\_\_ *(for example Assistant Professor in SOM)*

**If yes: Secondary Appointment to SON**

**If yes STOP (no further information needed).**

**IF NO continue**

3. Are they **regularly and highly engaged** with the SON (*for example at a level that would potentially meet promotion criteria*)? *For example VANAP faculty.*

**If yes = Primary Appointment at the SON (select Series/Track and recommended rank)**

Instructional Series

Professorial Series

Academic Track? Y/N

Clinical Track? Y/N

Research Series

Recommended rank \_\_\_\_\_

**If Yes, STOP (no further information needed).**

**If NO = Continue**

4. Is contribution limited in scope or time (*for example single mission, such as clinical preceptor or guest lecture a few times a year*)?

**If yes = Adjunct Appointment (select series/track)**

Instructional Series

Adjunct Lecturer (BA)

Adjunct Instructor (MA)

Professorial Series

- Academic Track? Y/N

Adjunct Assistant Professor (MSN, NP, or Doctorate)

Adjunct Associate Professor (Doctorate)

Adjunct Professor (Doctorate)

- Clinical Track? Y/N

Adjunct Assistant Professor of Clinical Nursing (MSN, NP, or Doctorate)

Adjunct Associate Professor of Clinical Nursing (Doctorate)

Adjunct Professor of Clinical Nursing (Doctorate)

Research Series

Adjunct Research Assistant Professor (Doctorate)

Adjunct Research Associate Professor (Doctorate)

Adjunct Research Professor (Doctorate)

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**SECTION B. NO OHSU/AFFILIATED EMPLOYMENT**

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1. Primary place of employment: \_\_\_\_\_

2. Is the person **primarily** involved in supporting the **practice mission** at SON (clinical preceptor, sharing clinical expertise in classroom or simulation or lab)?

If yes = **Voluntary Clinical Series**

\_\_\_ Clinical Instructor (BSN, MN)

\_\_\_ Clinical Assistant Professor (NPs, MSN or Doctorate)

\_\_\_ Clinical Associate Professor (Doctorate)

\_\_\_ Clinical Professor (Doctorate)

**If no - Continue**

3. Is contribution focused on **teaching** or **research** and/or **service** missions at OHSU (*for example content expert or policy consultation or administrative leadership?*)

If Yes = **Adjunct appointment**

\_\_\_ Adjunct Lecturer (BA)

\_\_\_ Adjunct Instructor (MA)

\_\_\_ Adjunct Assistant Professor (Doctorate)

\_\_\_ Adjunct Associate Professor (Doctorate)

\_\_\_ Adjunct Professor (Doctorate)

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