



Checklist for Faculty Appointment

Name: _____

Proposed Faculty Rank: _____

Coterminous CUHC Employed

Rowan Employed

Other

Department: _____

Date of CUHC Medical Staff Appointment (if applicable): _____

Check off each item completed (packet must follow sequential order below):

1. Checklist
2. CMSRU Review Sheet for Faculty Appointment
3. Letter of Nomination by Department Chair
4. Curriculum Vitae (*Do not remove or change sections*)
5. Letters of Recommendation (*as per guidelines, see template*)
6. CMSRU Personal Data Sheet
7. Acknowledgment Statement