Cornell University Columbia University

Weill Cornell Medicine Medical Center

# RECIPROCAL FACULTY APPOINTMENT APPLICATION FORM

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Name of Faculty Member proposed for reciprocal appointment Department

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adjunct\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Faculty Title at CORNELL/COLUMBIA (circle one) Proposed Faculty Title at CORNELL/COLUMBIA (circle one)

HOME INSTITUTION HOST INSTITUTION

**The following questions must be completed in order to process the appointment.**

1. Briefly describe the department’s need for this faculty member & their particular expertise. Will this be permanent or temporary (if temporary, state approximate duration)?
2. Describe the proposed activities of the Adjunct Faculty Member at the Host Institution.

(If none, so state)

**CLINICAL CARE**

**TEACHING**

**RESEARCH**

Will this person have an NYP appointment at the Host Institution? [ ] YES

Will this person have admitting privileges at the Host institution? [ ] YES

3. How will the Adjunct Faculty Member’s activity be reimbursed and/or billed?

**CLINICAL CARE**

**TEACHING**

**RESEARCH**

[ ] Check here if there is NO financial relationship.

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Department Chair Date Department Chair Date

Weill Cornell Medicine, Cornell University School, Columbia University

To be completed by Home Faculty Affairs

Attached:

1. Release/Compliance Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current CV Faculty Affairs, CUMC Date
3. NYP Application
4. COR/COAP Dossier (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Affairs, WCM Date

Joint Executive Approval (if needed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_