**HEALTH SYSTEM CLINICIAN COVER SHEET: NEW APPOINTMENT**

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| **1. CANDIDATE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | First Name | | | | | | | | Middle Initial | | | | | | | | Degree(s) | |
| Email | | | | | | | | | | | | | | | | NPI Number (clinicians only) | | | | | | | | | |
| Current position at NU?  Prior position at NU? | | | No  Yes (specify):  No  Yes (specify): | | | | | | | | | | | | | | | | | | | | | | |
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| **For Dept. Use: Candidate’s Primary Clinical Location -** *Record info about clinical location to help you and successors manage the*  *appt. in the future. FAO will not correspond with clinic administrators and will only contact the FSM dept. regarding the appt.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic / Organization Name: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Street Address, City, State, Zip: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Candidate Phone (Administrative): | | | | |  | | | | | | | | | Phone (for patients): | | | | | | |  | | | | |
| Clinic Administrator Name/Title: | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Clinic Administrator E-mail: | | | | |  | | | | | | | | | Administrator Phone: | | | | | |  | | | | | |
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| **2. PROPOSED APPOINTMENT** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Department (and Division, if applicable) | | | | | | | | | | | | | | | | | Appointment Start Date | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Rank** | | | | **Area of Concentration (select one)** | | | | | | | | | | | **Tenure** | | | **NU Basis** | | | | | | | **Career Track** |
| Clinical Assistant Professor  Clinical Associate Professor  Clinical Professor | | | | Education  Research  Health Services Management  Community Engagement | | | | | | | | | | | NTE only | | | Unpaid by NU | | | | | | | Health System Clinician |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer** *(HSCs are not employed or salaried by FSM/NU. Please confirm the physician’s employer below.)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| NMG | NM RMG | | | | | SRALab | | | | PFF | | Lurie Children’s | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Hospital Privileges**   * *Check all that apply; please prioritize by ranking as 1, 2, etc. if more than one hospital is checked* * *If physician has privileges at any of the hospitals in bold font, a special designation is assigned in FSM records (HSC/NMH, HSC/LCH, or HSC/SRAL)* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \_\_\_\_ **NMH**  \_\_\_\_ NM CDH  \_\_\_\_ NM Delnor  \_\_\_\_ NM Huntley | | \_\_\_\_ NM Kishwaukee  \_\_\_\_ NM Lake Forest  \_\_\_\_ NM Marianjoy  \_\_\_\_ NM McHenry | | | | | | | \_\_\_\_ NM Palos  \_\_\_\_ NM Valley West  \_\_\_\_ NM Woodstock | | | | \_\_\_\_ **Lurie Children’s**  \_\_\_\_ **SRALab**  \_\_\_\_ Jesse Brown VA  \_\_\_\_ Stroger | | | | | | \_\_\_\_ No Hospital Privileges  (outpatient clinician)  \_\_\_\_ Other (specify): | | | | | | |
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| **3. FSM DEPARTMENT CHAIR’S JUSTIFICATION FOR APPOINTMENT** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *For candidates based at NM regional hospitals: if an NM Regional CMO nominated the candidate for appointment, you may write, “see CMO recommendation form” and include that form in the appointment packet. Otherwise, write the Feinberg Chair’s justification here and have the CMO co-sign the form. If the candidate is not based at an NM regional hospital, no CMO endorsement is needed.* | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FSM Dept Chair Name (printed) | | | | | | | Signature of Dept Chair | | | | | | | | | | | | | | | Date | | | |
| *For candidates based at NM regional hospitals: If the CMO did not nominate the candidate for HSC appointment by providing the CMO’s Recommendation for Appointment form, then obtain the signature of the CMO below:* | | | | | | | | | | | | | | | | | | | | | | | | | |
| NM Regional CMO Name & Hospital (printed) | | | | | | | Signature of CMO | | | | | | | | | | | | | | | Date | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. SUBMISSION TO FAO VIA ONBASE** | | | | | | | | | | |  | | | | | | | | | | | | | | |
| *1. Combine the following documents into a* ***single PDF file*** *and upload to the* ***Position /   Appointment Form*** *button. When combining documents, use this order:*  **This form** – completed  **Position Data/Appointment Forms**, prepared by FSM dept.  If current/former NU position, print forms from myHR (has employee ID) and  update instead of completing blank forms  **Prior correspondence with FAO regarding special circumstances** (if applicable)  **CMO’s Recommendation Form for Appointment** (if NM Regional CMO provided)  **Candidate’s CV**  **Letters of reference** (at least three)  *2.Upload the following separately to its respective button:*  **Personal Data Form**, completed and signed by candidate  If an existing faculty member is transitioning to HSC, the personal data form is not  necessary, unless the faculty member needs to update information on it. | | | | | | | | | | | | | | | | **Guidance: myHR Codes** | | | | | | | | | |
| Position Type: **FAC** | | | | | | | Posn Category: **HSC** | | |
| **Rank** | | | | | | | **Job Code** | | |
| Clinical Asst Prof | | | | | | | 100017 | | |
| Clinical Assoc Prof | | | | | | | 100088 | | |
| Clinical Prof | | | | | | | 100048 | | |
| On the appointment form, mark “Indefinite End to Appointment” instead of entering an appointment end date. | | | | | | | | | |