

RECIPROCAL FACULTY APPOINTMENT APPLICATION FORM

Name of Faculty Member proposed for reciprocal appointment

Department

Current Faculty Title at CORNELL/COLUMBIA (circle one)
HOME INSTITUTION

Adjunct

Proposed Faculty Title at CORNELL/COLUMBIA (circle one)
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 NYPH 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.

Department Chair
Weill Medical College, Cornell University

Date

Department Chair
College of Physicians & Surgeons, Columbia University

Date

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To be completed by Home Faculty Affairs

Attached:

1. Release/Compliance Form
2. Current CV
3. NYPH Application
4. COR/COAP Dossier (if applicable)

Faculty Affairs, CUMC

Date

Faculty Affairs, WCMC

Date

Joint Executive Approval (if needed) _____ Date _____

Weill Medical College
Of Cornell University

Columbia University
College of Physicians & Surgeons

RECIPROCAL FACULTY APPOINTMENT RELEASE AND COMPLIANCE FORM

To Whom it May Concern:

I hereby authorize CORNELL/COLUMBIA (circle one) University to release any or all of my faculty appointment file in conjunction with the recommendations that I receive a reciprocal faculty appointment at CORNELL/COLUMBIA (circle one) University.

Date

Signature

Printed Name

Department