University of Nebraska Medical Center

College of Nursing

Recommendation from Division Assistant Dean / Department Chair / Other Administrator

Regarding: Application for Appointment as Clinical Associate or Volunteer Faculty

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Name: | | | | | Date: | | | | | |
| Verification of Licensure (Attach a Verification of Nebraska Licensure form) | | | | | | | | | | |
| State: | | License #: | | Exp. Date: | | | Any Disciplinary Action: | | | |
|  | No |  | Yes |
| Verification of Employment | | | | | | | | | | |
| The above named Applicant is an employee of: | | | | | | | | | | |
| Faculty Recommendation | | | | | | | | | | |
| The above named person has applied for appointment at the UNMC, College of Nursing as a:  \_\_\_\_\_ Clinical Associate  \_\_\_\_\_ Volunteer Faculty | | | | | | | | | | |
|  | I recommend the above named applicant be appointed a Clinical Associate (volunteer). | | | | | | | | | |
|  | I recommend the above named applicant be appointed a Volunteer Faculty at the rank of:  Instructor \_\_\_; Assistant Professor \_\_\_; Associate Professor \_\_\_; Professor \_\_\_ | | | | | | | | | |
|  | I recommend the above named applicant not be given an appointment at this time. | | | | | | | | | |
| Rationale: | | | | | | | | | | |
| Signature: | | | Title: | | | Date: | | | | |
| Administrator’s Recommendation | | | | | | | | | | |
|  | I recommend the above named applicant be appointed a Clinical Associate (volunteer). | | | | | | | | | |
|  | I recommend the above named applicant be appointed a Volunteer Faculty at the rank of:  Instructor \_\_\_; Assistant Professor \_\_\_; Associate Professor \_\_\_; Professor \_\_\_ | | | | | | | | | |
|  | I recommend the above named applicant not be given an appointment at this time. | | | | | | | | | |
| Rationale: | | | | | | | | | | |
| Signature: | | | Title: | | | Date: | | | | |
| Dean’s Approval | | | | | | | | | | |
|  | I approve the above named applicant be appointed a Clinical Associate (volunteer). | | | | | | | | | |
|  | I approve the above named applicant be appointed a Volunteer Faculty at the rank of:  Instructor \_\_\_; Assistant Professor \_\_\_; Associate Professor \_\_\_; Professor \_\_\_ | | | | | | | | | |
|  | I do not approve the above named applicant not be given an appointment at this time. | | | | | | | | | |
| Rationale: | | | | | | | | | | |
| Signature: | | | Title: Dean | | | Date: | | | | |