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

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| 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: |