<DATE>

Name

Address

City, State, Zip Code

E-Mail:

Dear Dr. >

It is a pleasure to confirm your appointment to the faculty of the University of Tennessee Health Science Center, College of Medicine, Division of >, in the Department of >, as a Clinical > Rank. This is a volunteer / affiliate faculty appointment. It will not involve salary and you will not be eligible for tenure consideration. ***Your appointment will become effective on the date of your background clearance.***

Your appointment will include term special pay for <Insert Service Provided> . The anticipated rate of pay will be >$ <monthly / hourly, etc.> effective <start date> until <end date>. This special pay term position does not include benefits. The total salary for the specified term is $

It is an expectation that all faculty will contribute to the College of Medicine educational mission.  The medical school is committed to the principle that educational relationships should be one of mutual respect between the teacher and learner.  To that end, it is expected that faculty members will abide by the principles outlined in the UTHSC Code of Conduct <https://policy.tennessee.edu/policy/hr0580-code-of-conduct/>

In addition, College of Medicine faculty must acknowledge the primacy of the medical education program’s authority over academic affairs and the education/assessment of medical students and share responsibility with the College of Medicine for creating and maintaining an appropriate learning environment.

Volunteer appointments are renewable every three years and continue through mutual desire.

Your appointment is contingent upon the following:

* UTHSC’s receipt of an official transcript from the US Accredited Institution of your doctoral or terminal degree, copy of ECFMG (Non-US M.D.), or third-party Credential Evaluation Report (Non-US Ph.D.), sent directly to **UTHSC College of Medicine (910 Madison Avenue, Suite 1010, Memphis TN 38103)OR e-mail to** **dedmond8@uthsc.edu**
* Obtaining/maintaining an appropriate unrestricted physician license to practice in the State of Tennessee.
* Documentation of citizenship and/or work authorization as required by the Immigration Reform and Control Act of 1986. No more than two weeks prior to your start date, you will need to log into UTHSC Human Resources website at: [https://secure.i9.talx.com/preauthenticated/LoginCAPTCHA.ascx?Employer=17617](https://urldefense.com/v3/__https%3A/nam05.safelinks.protection.outlook.com/?url=https*3A*2F*2Fsecure.i9.talx.com*2Fpreauthenticated*2FLoginCAPTCHA.ascx*3FEmployer*3D17617&data=02*7C01*7Cronald.l.cowan*40vumc.org*7Ccce19fceba624744a1fe08d7db165fc0*7Cef57503014244ed8b83c12c533d879ab*7C0*7C1*7C637218761511836807&sdata=w8qPc4v1REZI*2Fzt*2FS8J46kLOBCk2IKmXTJWd*2FXkZ*2B4Y*3D&reserved=0__;JSUlJSUlJSUlJSUlJSUlJSUlJSU!!PfbeBCCAmug!0mqlzrSG15h1KtKWZBh-jtLyqVLceXV-NHJhueq4TzMUfSNHurESeePzYDQOIzvNcQ$) to complete the online I-9 Form. In addition, as part of the I-9 compliance, you **must** present the Human Resources Department located at **910 Madison Avenue, 7th floor (M-F 8am – 2pm),** with documents which identify and indicate you are eligible to work in the United States. **These documents must be presented in person prior to or on your first day of employment at the university**.

Please sign all documents where indicated and return to **<Department Contact E-Mail> *This appointment is binding only when all parties, including you, have signed****.* Your copy of the appointment letter, with all signatures, will be returned to you within 30 days of your effective date. By accepting this appointment, you agree to be bound by the University of Tennessee Health Science Center Faculty Handbook<https://www.uthsc.edu/afsa/faculty-affairs/documents/faculty-handbook.pdf>

For additional information concerning your new role as a faculty member at UTHSC, please visit the UTHSC website for campus resources and informational links at <https://uthsc.edu/afsa/faculty-affairs/new-faculty.php>

We look forward to having you as a member of our faculty and staff. The University of Tennessee Health Science Center welcomes you to our academic community and looks forward to a mutually beneficial professional and personal experience.

Sincerely,

<Name> Michael B. Hocker, M.D., M.H.S.

Chair, Department of Executive Dean

College of Medicine, UTHSC College of Medicine, UTHSC

I acknowledge receipt of this letter and accept the above terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date